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Harvest

In the death of Jean Isabel Gunn, we in Canada have lost the greatest of our leaders. Those who were her close friends and associates have written the story of her career for the *Journal*, and this brief commentary will deal only with the national and international aspects of her life and work.

For more than twenty-five years Miss Gunn was a dynamic and beneficent force in national nursing affairs. First as honourary secretary and later as president of the Canadian Nurses Association, she built wisely and well. After she ceased to hold office she took a continuing interest and an active share in the planning and development of every important national policy and project.

Those of us who had the privilege of working with her can never forget the insight, kindliness, tolerance and inspired common sense which were so characteristic of her. Her willingness to hear all sides and to face every issue fairly was as remarkable as it is rare. How patiently she used to listen while the rest of us talked all round the question and then, with a quiet word or two, set us on the right track. There was never a trace of condescension and always a flash of humour. A young nurse, watching Miss Gunn in action, said: "She always seems to clear things up". And so she did, because she was wiser and more far-seeing and more generous than any of us.

It was these very qualities which were so valuable in the international field. The depth and scope of Miss Gunn's thinking made a profound impression on nursing leaders in every country in the world. A great European nurse once said to the writer: "That big woman, Jean Gunn, *she is Canada to me*. It is she who should lead us. We need her as president of the International Council of Nurses". The nomination to this high office was tendered to her but Miss Gunn did not

at that time feel free to accept it. Nevertheless as vice-president and as a member of the inner circle she helped to shape policies and carry out projects which even the shock of war has failed to destroy.

There was another and a more subtle yet powerful means whereby Miss Gunn exercised a profound influence in nursing affairs all over the world. She travelled widely in many countries and talked intimately with nursing leaders, but that was not all. Thanks to the Rockefeller Foundation, many young nurses still in the formative stages of their careers were given the opportunity of visiting Miss Gunn in her own Hospital. They never ceased to wonder at the interest she showed in them, the endless pains she took to make their stay profitable and happy, her willingness in the midst of a busy life to give close attention to their personal problems. A shrewd comment was made by one of these young women: "Some of our counsellors talk so much themselves that they have no time to listen to the questions that we wish to put to them. But Miss Gunn always listened and, even if you could not speak English very well, she always understood". Yes, that was it — she always listened, she always understood.

The nurses whom she helped, guided, and consoled, are far apart today. But they carried away with them the precious seed she gave them. That which she sowed shall yet whiten to harvest, glorious and golden, in the sun of this and many other lands.

—E. J.

Jean Isabel Gunn

J. Mabel Kniseley

In the passing of Jean Isabel Gunn the world has lost a renowned citizen, the nursing profession a wise leader and counsellor, the humblest among us a loyal friend. Many of Miss Gunn's outstanding characteristics may be traced to her ancestry. Her paternal grandparents came from Caithness, Scotland. Her father, Donald Gunn, was only two years of age when his parents immigrated to Canada and "took up" land near the town of Napanee. At the age of fourteen he left his home to seek his own fortune. Being very much interested in telegraphy, he assisted the station master in Belleville, and proving his ability to act wisely in a crisis by averting a train wreck, he won the complete confidence of the Railroad Company. From that moment he was not without a means of livelihood. He married Ellen, the daughter of Samuel Coons and made his home in Belleville.

Ellen Coons' forebears, of Dutch extraction, came originally from the fertile banks of the Rhine. They were among the pioneer settlers who sought freedom in the New World, and during the days of 1776 many of them fought in the service of their King and country. After the war Samuel Coons came to Canada as a loyalist and settled with his family at Iroquois, on the banks of the St. Lawrence river. The present high school, a gift by him to the town,

is a monument to their interest in education. Mrs. Ellen Gunn, now residing in Toronto, has reached, with serenity and poise, the ripe age of ninety-four. She has lived to see her daughter, Jean, crowned with honours, universally respected, universally beloved and universally mourned. Her Spartan-like spirit was ever reflected in her illustrious daughter and it has not failed her in this hour of bereavement. With eyes undimmed and courage unabated, she shares with the world her pride in her daughter and her sadness at parting.

Her father was anxious for Miss Gunn to follow the teaching profession, and after graduating from Madoc Model School at the age of seventeen she taught school for two terms. She had other ambitions than to teach school, however, and after giving her father ample opportunity to find a good reason why she should not follow her own inclination, she left home to train as a nurse in the Presbyterian Hospital, New York City. She graduated from this hospital in 1905, and from the date of her graduation until 1910 she occupied executive positions in her alma mater. In 1911 she left to do social service work in New York City, leaving this field of service to accept the position of superintendent of nurses in the Memorial Hospital, Morristown, New Jersey. Here she remained until she was invited to accept the position of superintendent of nurses at the Toronto General Hospital in August, 1913.

Thus, at the age of only thirty-one years began what was destined to be an eventful career and it was fitting that she should start her new position in a new and then modern hospital building with modern equipment. At this time the nursing staff consisted of 10 graduates in executive positions, 30 graduates on general duty, 167 pupil nurses, and 36 probationers. To-day this nursing staff is composed of 94 graduates in executive positions, 100 graduates in general nursing service, 252 student nurses, 33 preliminary students, 41 affiliate students and 23 student nurses on duty in other hospitals, making a total of 487. This increase in nursing staff is due to the increase in bed capacity from 750 in 1913 to 1144 to-day; to the expansion of the out-patient Department and increase in yearly attendance from 224,820 in 1913 to 467,374 at the present time. It is also due to Miss Gunn's idea of a more efficient service.

To manage a staff of this size involves meticulous care in planning — planning of educational programmes, recreation, health supervision, holidays, on and off duty routine and a thousand and one other duties of which only a resident nurse could have any conception. One of Miss Gunn's greatest gifts was her ability to choose for her helpers those who were skilled in team work as well as efficient in the performance of their duties. In Miss Helen Locke, her life-long friend and first assistant during her twenty-eight years as superintendent, she was particularly blessed in the knowledge that whether present or absent from her duties in the hospital her wishes would be carried out and her orders fulfilled.

From the time of Miss Gunn's appointment she zealously strove to raise the educational standards of her nurses and to advance their sphere of usefulness. With this end in view she missed no opportunity to demonstrate to the medical profession, the Board of Governors and other interested and influential friends of the hospital, ways in which this might be accomplished. Firm in her own convictions and strong in her ability to convince the more conservative, step by step she was enabled to carry out her plans. Each annual

report showed that her goal was ever in advance of her achievements. Early in her career as superintendent of nurses, Miss Gunn introduced into the school student government.

Having had a short albeit intensive experience in social work in New York it was natural that she should have been interested in the Social Service Course that was inaugurated at the University of Toronto in 1914. She arranged for her senior nurses to take lectures in medical social work and also to have practical experience through the social service department of the hospital. This was done with the idea of "encouraging the nurse to extend her work along social lines." The following year Miss Gunn obtained through the Board of Governors, a scholarship which made it possible for the winner to take one full year's post-graduate course in social service.

Owing to the shortage of lecturers during the great war, and also because of her vision of uniformity in nurse education, Miss Gunn was instrumental in arranging, in 1918, a centralized lecture course which included all the training schools in Toronto. Thus she early realized her ambition of uniformity in education for the Toronto schools at least. Many extra subjects were gradually added to the curriculum in an effort to raise the standard of education. New and modernly equipped class rooms, demonstration rooms, study and library were added to the school after the completion of the Private Patients' Pavilion in 1930. This greatly facilitated the teaching of students.

At the close of the great war, Miss Gunn was asked by the Red Cross Society what it could do to show its appreciation of the nursing service given during the years 1914 — 1918, and it was in answer to this request that in 1920 the University of Toronto, with the financial co-operation of the Red Cross Society, organized a one year post-graduate course in public health nursing. Through scholarships provided by the hospital Board, five Toronto General Hospital graduates were enabled to take this training which was destined to be the forerunner of further developments in public health nursing work.

In 1924, Miss Gunn arranged through the University Extension Department for her senior nurses to take one month of theory and practice in public health nursing. The field work was arranged with the Victorian Order of Nurses and the nursing division of the Department of Public Health, Toronto. Later in 1926 the four year course in Public Health nursing was organized in affiliation with the Toronto General Hospital School for Nurses. As an outgrowth of all this first endeavour to link nurse education with the University of Toronto has sprung the University of Toronto School of Nursing in its different phases of graduate and postgraduate work. In this school Miss Gunn took a very personal interest and pride. Her wise counsel and eagerness to assist cannot do other than act as a spur to those who will be concerned with its future development.

Because of the difficulty in getting properly qualified nurses to act as instructresses the school had been handicapped in its teaching methods. It was to meet this need that the University of Toronto Extension Department in 1928 offered a course in teaching and administration. Miss Gunn was instrumental in obtaining scholarships to enable graduates of the school to take this post-graduate course. Since then many of her nurses have taken these courses in the University of Toronto, McGill University, Montreal, and Bedford College in London.

Largely through her foresight and initiative the Registration of Nurses Act was passed in 1922. This gave a very definite uniformity to nurse education in Ontario. Miss Gunn too specially realized the importance of developing a better training in practical experience in hospitals and therefore, arranged for instructresses to supervise and direct bedside nursing. She gave a hearty welcome to nurses from other Canadian schools and from foreign countries. Particularly did she encourage and welcome those who were anxious to take back to their own countries suggestions for the better care of the sick and the development of nurse education.

She saw of what value a qualified nurse could be to the medical profession, particularly in the field of research. To make it possible for her nurses to devote more of their time to this phase of nursing she arranged to relieve them of many of the duties that were not essentially nursing duties. Thus it was that in 1928 the ward helpers came into being in the Toronto General Hospital.

Miss Gunn felt that her nurses should have the advantage of experience in the care of mental, tuberculous and other infectious diseases, and in the care of children. To this end she arranged affiliation with other hospitals specializing in these several fields of care. In turn she made it possible for nurses from these other hospitals to have practical experience in the Toronto General Hospital. Her latest innovation was the arrangement of one year's training of affiliate male nurses in 1939. Largely through her instrumentality there was formed in 1928 a study group of the Canadian Medical Association and the Canadian Nurses Association, having as its Director, Dr. George M. Weir, Professor of Education in the University of British Columbia. Through this study "it was hoped to find guidance in changing conditions that exist and to readjust methods of nurse education to meet changing needs of modern medicine". Out of this survey have come interesting developments.

To the Red Cross Society, Miss Gunn gave always unsparingly of her service. In the beginning of the Great War she was asked by Mrs. Plumptre to give instructions concerning supplies, and she became the authority to whom all branches of the Canadian Red Cross looked for guidance in making, packing and sterilization of surgical dressings. At the commencement of the present war it was through her arrangement that the Toronto General Hospital became the centre from which was inspected and shipped surgical supplies from every part of Canada. Miss Gunn was an official member of the national executive and under her convenership the Red Cross Advisory committee for outposts was organized.

In her already full programme of teaching Miss Gunn found a place for the occupational therapy and physiotherapy students. She gave assistance to the University by arranging for these students to have instruction in preliminary nursing procedure. She also made available to the Canadian School of Missions a course of lectures designed to give the missionaries a knowledge of how to deal with emergencies, the early recognition of disease, pre-natal care and the care of children. Her interest in the social aspects of nursing and medicine was not manifest in educational fields only. She was instrumental in enlarging the fiction library of the nurses and she helped to create and stimulate an interest in sports by encouraging tournaments in tennis and badminton. The gift of a cup to the school added a new impetus to friendly rivalry.

As the unemployment of graduate nurses became more acute, Miss Gunn with her usual alertness to correct unsatisfactory social conditions, persuaded the Board of Governors to employ more graduates rather than to increase the number of students. Increases in staff became necessary to meet the need of service that was the outcome of large hospital expansion. She finally, too, succeeded in establishing an eight-hour service for the private duty nurses at a very small increase in cost to the patients. Thus the employment situation was greatly improved and the private duty nurses were given more hours of leisure. Then too, there was in the mind of this great woman the possibility of a superannuation scheme which would include all fields of nursing service, thus making provision for the nurse when she might become infirm or old.

Her interest in the under-privileged was shown at all times and in divers ways. She was especially anxious that some means should be found whereby nursing care could be provided for those who were unable to pay for it. Undoubtedly had she been spared to us she would have contributed in no small measure toward the carrying out of the plans for this service. One of her "shut-ins" who knew from experience, has said that Miss Gunn always gave one the impression of having nothing more important at the moment to do than to pay you a social call or to discuss with you helpfully the simplest matter about which you were consulting her. And so it was that out of her busy life she found time to lend the strength of her personality in helping to steer the social service department of the hospital in its course toward an efficient service, dove-tailing with all the other hospital services in an effort to complete the work of relieving suffering and curing the sick. It was her pleasure to serve on the Federation for Community Service teams in its effort to secure funds to carry on the welfare work of the city. Her time, advice and private rooms were always at the disposal of the Women's Board and the staff of social service nurses in helping to further this cause.

It was to Miss Gunn's untiring zeal, ably assisted by Miss Helen Locke, that each Christmas brought comfort and cheer to the sick in the public wards. The annual "Christmas Tree" in the Out-Patient Department for the children of the needy patients, where each child received useful gifts, the special preparations in ward decorations, gaily decorated trays with some little delicacy and a small gift to every patient, singing of Christmas carols, rounds made by both Miss Gunn and Miss Locke — all these extra services added to an already over-busy life, but were ungrudgingly and joyfully given. Nor was the School for Nurses forgotten in all this thought for patient's pleasure at Christmas. Miss Gunn gave herself unstintingly to the entertainment of the nurses. Prior to the festive day special plans were always made for the nurses to have their families and friends present to join with them in carol singing and other festivities.

She saw to it also that throughout all the year her graduates should have interesting instruction in non-professional studies, such as art, travel and current events. Thus she encouraged staff education. In the Alumnae Association of the Toronto General Hospital she was the moving spirit in doing noble things, and she rarely missed a meeting. She had a very tender thought for the invalided nurses and added her wise counsel to the Alumnae's activities in friendly helpfulness as well as in matters of education. To her interest

we owe to-day the room in the West Residence set apart for the sole use of the graduates of the school, the Alumnae executive and as a place to house the archives.

Miss Gunn's influence as a national leader in nursing fields was evidenced by her active membership in every organization that related to the nursing profession. She served as secretary to the Canadian Nurses Association from 1914 to 1917, and became its president in 1917, which position she held until 1920. She was a member of the Council of Nurse Education for Ontario. She was vice-president of the International Council of Nurses, and was the International Council of Nurses representative to the International League of the Red Cross, and was made honorary advisor in nursing to the Canadian Red Cross in 1926. She was a member of the Board of the Florence Nightingale Foundation, and the moving spirit in the founding of Bedford College post-graduate nursing course. As a member of the Canadian Nurses Association, in 1922 Miss Gunn convened the committee for the raising of funds for the erection in the Parliament Buildings at Ottawa of the War Memorial to the Nursing Sisters of Canada who fell in the Great War.

All these wonderful qualities of organization and leadership found some recognition in the numerous honours conferred upon her. In 1925 Miss Gunn was awarded the Rockefeller Foundation Scholarship to study nursing conditions in Europe. In 1933 at the International Council of Nurses convention in Paris she was awarded a medal by the French Government for her work in general Public Welfare. In 1935, by the International Red Cross Society of Geneva, she was presented with the Florence Nightingale medal. In the same year she was made a Member of the Order of the British Empire by his late Majesty, King George V. The Mary Agnes Snively Memorial medal was conferred upon her in 1936 for her outstanding contribution to nursing in Canada. Miss Gunn was the very first to receive this medal. In 1936 the Alumnae Association of the Toronto General Hospital presented her with a portrait of herself painted by Sir Wyly Grier. The only decorations she wore for this portrait were the Florence Nightingale medal and the Insignia of the Order of the British Empire. In the year of her twenty-fifth anniversary as Superintendent of Nurses of the Toronto General Hospital, at the instigation of the Alumnae Association she had conferred upon her the honorary degree of Doctor of Laws. On this occasion the same degree was conferred upon Lady Tweedsmuir. As the recipient of all these honours, Miss Gunn's acceptance was not as a personal compliment but as a tribute to her profession.

In 1931, an occasion which will long stand out in the minds of all the graduates of the Toronto General Hospital, was celebrated the fiftieth anniversary of the founding of the school. As in all other activities, Miss Gunn gave herself unreservedly to making this a celebration worthwhile. She gathered material and had prepared a booklet giving a complete history of the School from its inception. This booklet, a souvenir of the occasion, was made available to all the graduates at the time of the celebration. This celebration was continued for three days and consisted of a garden party, class re-unions, receptions, lectures, motor drives and graduation exercises, and culminated in a re-union dinner at which Miss Snively and Miss Stewart were among the guests of honour with Miss Gunn.

At the graduation exercises, on be-

half of Miss Snively's graduates, Miss Gunn was presented with a sterling silver tea service and tray, "in recognition of the part she played in fostering a spirit of sympathetic co-operation between graduates of the old school and new."

At a dinner given in her honour to commemorate the twenty-fifth anniversary of her superintendency, Miss Gunn was presented with an amethyst pendant and purse. She replied to the presentation in her usual happy blending of the humorous with the serious, but was wholly oblivious of the contents of the purse until later in the evening. In commenting upon this at a later gathering of her nurses she said "I am going to put this cheque in cold storage against the day when I begin to think of a spot in which to spend what is left of my old age. Then the money will be used to complete my home, so I may be surrounded by the furnishings supplied by your loving hands."

On the occasion of the twenty-fifth anniversary of the founding of the Canadian Nurses Association, at a convention held in Toronto in 1934, a spectacular pageant was held at the Royal York Hotel. Miss Gunn acted as convener of the pageant committee and under her direction this "Pageant of Nursing in Canada" was specially written and enacted. It was a marvellous presentation of the development of nursing in Canada with all the handicaps of dirt, pestilence, ignorance and fear that the pioneer nurses had to face, from the landing of Jeanne Mance at Quebec in 1641 to the present day. Miss Gunn's directing hand played no small part in making the pageant a noteworthy performance. With all her professional activities Miss Gunn found time for the relaxation of social intercourse. She graced by her presence, ready wit and irresistible sense of humour, public receptions and private "teas" and gave to her mother and her family a share of the fullness of her life. Among her off duty activities and not least in her idea of importance were her regular visits to sick nurses to whom she brought practical comfort and cheer.

Until the death of Miss Snively in 1933, Miss Gunn included her in every professional and social function in the school. It was largely through Miss Gunn's intercession that Miss Snively went to live in the hospital and from that time until the day of Miss Snively's death, Miss Gunn visited her daily.

During the long weary months when Miss Gunn was forced to give up her active work and accept of nursing care herself, anxious enquiries regarding her health came from every quarter of the globe. Of her patience and fortitude in her suffering one feels she would not wish any comment. However, it seems a fitting tribute to her courage to relate the following incident. When she was told by her surgeon how brief was her span of life she sent for her sister and said "You and I are going to have a long talk. When it is over there are to be no tears and the subject is then closed." How symbolic of her courageous and fearless life were those few tense words.

And then she lay in state, surrounded by a profusion of floral tributes from the high and the lowly, from near and far, there, for all those who loved her, to look upon — her sense of duty made manifest even in death, to await the simple and beautiful service conducted, as she had chosen, in old St. Andrew's Church.

Her last message to her nurses was that she loved them well, and thought of them continuously. She desired them to know that she understood the diffi-

culties in the way of their exhibition of religious practice, but that such work could not be carried on without drawing strength from far-off fountains. Her final testimony was that of a humble Christian woman. She fought the good fight — she finished her course — she kept the faith.

Hail and Farewell

The passing of great leaders is rightly marked by tributes to their worth. From the church, the press, the public have come many expressions of the affection, respect and admiration in which Jean Isabel Gunn was held. At the simple and beautiful funeral service, held in old St. Andrew's Church, the Rev. J.R.P. Sclater delivered a moving and eloquent address in which he said in part:

Miss Gunn gave definite instructions as to the type of service held at the time of her passing. The first of these was that there should be nothing "spectacular". In obedience to that request I do not propose to pronounce any elaborate eulogium. In point of fact, there is no need. She and her work are now part of Canadian history: her name is inscribed in the Golden Book of her country. Wherever, in days to come, nurses proceed upon their Christ-like tasks, wherever sufferers in hospital find their patient days and watchful nights made easier, her spirit and her work, broad and deep, continue. If we seek her monument, we have but to look around, where the nursing profession brings balm and comforting. It is love that makes life noble; it is also love that makes life hard. In this world, the comrades of love are great joy and great sorrow. But in such a case as this, it is sorrow without stain—a grief without poison. There is nothing that is not well and noble. While we sympathize, we also salute you in a memory so worthy—of one of whom all the days you can say with pride—"She was our own".

I am also charged with a word especially to the nurses from Miss Gunn herself. She loved you well and thought of you continuously—not least as weakness grew. And she desired you to know that she died, as she had lived, in the faith, and attached to and a member in this Society—that Church which is His Body. She knew and understood well the difficulties that your profession fashions for the usual exhibition of religious practice. Yet it is impossible to carry on such work as hers without drawing strength from far-off fountains, and that was the fact that she desired to make explicit. Her final testimony was that of a humble Christian woman, who desired her younger friends to practise, in private and in the sanctuary, the presence of God.

So now—farewell. We breathe the benediction of our hearts over her, confident that no evil draws nigh her dwelling and that light perpetual falls upon her. And, we may well believe, she also does not forget. How can she? Maybe, she will still be of help on the other side. At least, she will pray for her friends, pray with a mind made still more wise and a heart still more tender in the visible Presence of the King of Love.

The Rev. Canon Cody took part in the service and at the request of Mr. Chester J. Decker, superintendent of the Toronto General Hospital, read the following tribute to Miss Gunn:

For every Member of the Board of Trustees of this Hospital, and for every member of the staff, heartfelt sorrow marks

the passing of Miss Gunn. That she was a staunch champion of the institution, an earnest and capable leader and an outstanding teacher of scientific nursing, is common knowledge. But only those with whom she worked in the administration of a great hospital, can fully appreciate those priceless human qualities that made her co-operation so pleasant and so effective. She was a friend, indeed, whose sympathetic understanding made it easier to attempt the realization of those high ideals of hospital service in which she believed so unfeignedly.

When two people work together for nearly twenty-five years, as closely as is essential between the hospital superintendent and the superintendent of nurses, the opportunity of studying true personal worth is unique. No words that I can command at this moment, could express my appreciation of Miss Gunn's sterling character. In all my experience, I have never had the privilege of meeting one with greater loyalty to those things in which she believed, the cause for which she worked, and the people who worked with her. Miss Gunn's great gifts, and her devotion to the profession she loved has been, and will continue to be, an influence for progress and efficiency in the science of nursing in all lands.

Thought goes deeper than speech; feeling deeper than thought. Miss Gunn was the friend and helper of us all, and our hearts alone can hold that sense of loss we can never fully express. This hospital will miss her greatly; and I shall miss her keen counsel, her deliberate, dispassionate judgment in all matters. Miss Gunn was a noble character; a great woman. Her name will be forever linked with this Institution, dedicated, as her life was dedicated, to the service of the sick and suffering.

The affection and respect in which Miss Gunn was held by her staff is expressed in the simple and sincere tribute prepared by Helen G. R. Locke, assistant superintendent of nurses, Toronto General Hospital:

Dr. Jean I. Gunn, O.B.E., was known in every country where nursing is practised. Through her marked ability and personality she has brought honour and prestige not to herself alone but to the School and Hospital with which she was connected, to the School from which she graduated, to nursing on the entire American continent, and to international nursing throughout the world. Miss Gunn's life expressed work, courage, service, inspiration, peace, concord, and loyalty.

The nursing staff of the Toronto General Hospital pay tribute universally to their inspired leader, who at the same time was their most understanding and kind friend. We seldom see such glowing loyalty as is shown by Miss Gunn's staff. The rare privilege has been mine of living and working in close companionship with Miss Gunn, my beloved friend, for nearly twenty-eight years. Each day I discovered new gifts of leadership which expressed her admirable qualities of heart and mind. She was the noblest, wisest and most human of all our leaders.

The following official representatives of nursing organizations were present at the funeral service: The Alumnae Association of the School for Nurses, Toronto General Hospital, represented by Mrs. E. S. Jeffrey and the Executive; the Directors of Nursing of the City of Toronto, represented by Miss Elsie Jones; the Registered Nurses Association of Ontario, represented by the president, Miss Jean Church, and the executive secretary, Miss Matilda Fitzgerald; the Canadian Nurses Association, represented by the second vice-president, Miss Marion Lindeburgh; the International Council of Nurses, represented by Miss Edna Moore, chairman, Public Health Committee; Military Nursing, represented by Matron Edith Dick, R.C.A.M.C. (A.F.), Matron, Toronto Military Hospital.

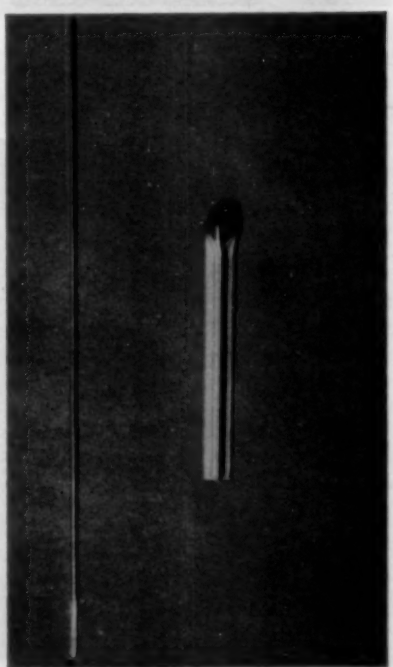
Vitallium Cups and Smith Petersen Nails

E. S. James, M. D.

The Vitallium cup is chiefly used in the treatment of cases of osteo-arthritis of the hip. This type of arthritis affects many joints, especially the knees, the spine, and the hip joints. The cause is unknown although some authorities blame foci of infection in the teeth, tonsils, sinuses, gall bladder, prostate, or cervix. It is doubtful, however, whether infection is the chief factor and it is well to look upon this condition as the result of "wear and tear" due to multiple traumata, or to secondary changes caused by vascular disturbances in the joints. Organisms are never found in these joints; this form of arthritis develops where there has been a disturbance in the mechanics of the joint as for example after a fracture into the knee, a slipped epiphysis of the head of the femur, or a congenital dislocation of the hip. The condition occurs in the middle-aged group or in people past middle age.

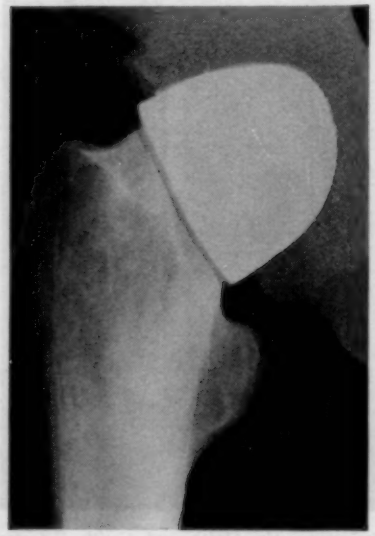
Pain, stiffness, and deformity are the chief complaints. The pain is worse in the morning on getting up, or after strenuous exercise and before a change in the weather. The movements at the joints are limited, and a clicking or grating can be heard or felt. The joint surfaces are roughened, due to the destruction of the articular cartilages in places, and the growth of bony spurs or lips. These bony spurs tend to limit the range of movement. The osteophytes thus formed at the joint margins, and the consequent narrowing of the joint, are well shown in the accompanying illustration. It is in this type of arthritis in the hip joint that the Vitallium cup is used and it must be remembered that it is entirely different from rheumatoid arthritis, which is an infective arthritis occurring in younger patients and affecting their general health. Rheumatoid arthritis chiefly involves the synovial membranes and does not give rise to bony spurs.

Osteo-arthritis in the hip was formerly treated in various ways including rest, whereby pain was relieved but the joint became more stiff. By using manipulations, adhesions and spurs could be broken down, thus making the movements more free and sometimes relieving the pain. These measures were only temporary in character. By means of



Steinmann pin (left) and Smith Petersen nail.

Osteophytes at the joint margins.



Vitallium cup in place.

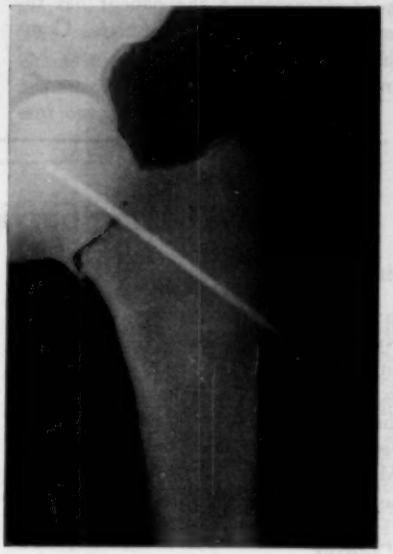
arthrodesis the joint may be excised and a stiff painless hip results. This method is quite satisfactory if only one hip is involved. Arthroplasty includes various types of plastic operations in which the joint surfaces are exposed and the osteophytes are chiselled off. This gave relief but as time progressed the joint became more stiff.

In 1939 a Boston orthopedic surgeon began using a cup in these cases. After smoothing off the joint surfaces, the head of the femur was covered by a smooth cup before it was re-inserted into the acetabulum. This let the bony surfaces articulate with a smooth surface so that friction was minimized. Glass cups were first used but some of these cracked. Bakelite, leucerite and other plastic materials were experimented with, but finally Vitallium cups were adopted. Vitallium is an alloy of cobalt, chromium, and molybdenum and was first used by dental surgeons in 1929. It is a strong shiny metal which does not rust or irritate the tissues. It really became popular in 1940 when it began to be widely used for making cups, Smith Petersen nails, and bone plates.

Almost immediately after this operation the patient states that the former pain is gone and that the movements are much more free. He can get out of bed within two weeks. Crutches are used at first but very soon he will be able to walk. It is not necessary to remove the cup. The Vitallium cup has been used for other chronic hip diseases but never in acute cases or where any trace of infection is present. So far, it has been practical to use it only in the hip joint because here the joint surfaces are not so complex as in the knee or elbow.

For the past few years, fractures of the neck of the femur have been treated with Smith Petersen and other nails of

various shapes and designs. These fractures most commonly occur in old people after minor accidents such as tripping over a carpet or falling down in the street. They feel a slight pain in the hip and one notices when they are lying down that the foot turns outward. Many of these patients are old and frail and it is necessary to take good care of their general health in order to save their lives. Formerly, many received no treatment for the hip injury as it was considered that their general condition would not stand the treatment then in vogue. Continuous traction to the limb for several months required rest in bed with the danger of pneumonia, pulmonary emboli and bed sores. A great advance was made when the leg was incorporated in plaster which included the body. This immobilized the limb but allowed the patient to sit up.



Steinmann pin in position.

Finally pins became popular. These pins are inserted through the greater trochanter along the inside of the femoral neck and into the head of the femur. The patient is given a local or a general anaesthetic, the limb is abducted and internally rotated to reduce the fracture and is then painted and draped with sterile towels. An incision is made over the greater trochanter and a Steinmann pin is inserted, in the direction of the head. An X-ray is next taken to note whether the pin is in the proper position. If it is not, a second pin is inserted correctly and the Smith Petersen nail is threaded over it and driven into place. A final X-ray is then taken.

This pin prevents displacement of the fragments when the limb is moved. Some pain in the hip is felt but there is not a great deal, and the patient may get out of bed in two or three days. Crutches are used and no weight bearing is advocated for three months. The operation is done one or more days after

Smith Petersen nail threaded over Steinmann pin.

the accident when the patient has recovered from the initial shock. Complications such as pneumonia and bed sores are unlikely and nursing care is greatly simplified. X-rays are taken in from three to six months and the nail may be removed in from six to twelve months or later.

Nursing Service, R.C.A.M.C.

There was great rejoicing, especially in Montreal, when news came that Number 14, Canadian General Hospital, R.C.A.M.C. had landed safely in England. The nursing service of the Hospital consists of eighty Nursing Sisters and is under the direction of Matron Blanche Herman. On their last night at sea the nurses gave a concert arranged by Nursing Sister Agnes Tennant.

The convoy, sent on its way by Canadian warships, made a rapid, uneventful crossing in pleasant weather. The only incident occurred a few days out when one of the escort ships dumped depth charges overboard, but it was not made known whether a submarine had been lurking in the vicinity. The troops came ashore in tenders, lustily cheering the Royal Navy as they passed units lying about the harbour. There were

Courtesy of Blank & Stoller, Ltd.

Matron Blanche Herman and some of the Nursing Sisters.

reinforcements for the infantry, artillery and Royal Canadian Army Service Corps, reconnaissance battalions and other units, as well as a large number of airmen and Canadian naval personnel. The first and largest group to land were thousands of black-bereted Canadians of the Tank Brigade, first armoured formation ever raised and sent overseas by Canada.

The Organization of the C.W.A.C.

Just as we go to press comes the thrilling news that Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief in Canada of the Nursing Service of the R.C.A.M.C., will supervise the organization of the Canadian Women's Army Corps. The announcement was made by the Minister for National Defence and it is understood that the members of the Corps will be called upon to work as ambulance and car drivers, telephone operators, stenographers, assistant radiographers, as well as in many other capacities.

It is expected that about 1500 women will be called up within the next six months. Under the organization now established, a pool of women who have passed the necessary requirements for the service will be maintained by the National War Services Department and will be drawn upon as required by the army.

Every nurse in Canada will be proud to know that our Matron-in-Chief has been requested to participate in a project of such great national importance. Miss Smellie is the fortunate possessor of all the personal and professional qualifications which enlightened leadership demands. As Chief Superintendent of the Victorian Order of Nurses she displayed an extraordinary capacity for working harmoniously with lay groups and her brilliant record of war service makes it possible for her to work out similar relationships with the military authorities.

In a later issue of the *Journal* we hope to give a more detailed account of the C.W.A.C. In the meantime we are proud that a nurse has been chosen to help in building it up and we are glad that so excellent a choice has been made.

Overseas Mail

Our readers will surely be interested in the following letter recently received from Miss E. Ruth Bridges, a member of the staff of the Post-graduate School of Nursing, Department of Health, Wellington, New Zealand:

We are carrying on the post-graduate course and there has been an increase in applications for it. Several hospital boards require additional sister tutors while others wanted nurses trained in order to release senior tutors and executives for overseas service. There are several key positions in New Zealand nursing services from which nurses are not to be released until others are prepared to fill them. Nurses are being selected on a basis of proportion to the size of the hospital, the fields of work, and the areas. This allows for simpler adjustments and so far is working well. Our new Social Security Legislation caused increased work in hospitals because of free hospital care and now with our men returning from overseas,

hospitals are extremely busy. This creates additional problems in the nursing schools.

We do enjoy *The Canadian Nurse*. Miss MacManus' letter, To the Nurses of Guy's Hospital, was a gem and revealed so much of English character.

The following excerpt is quoted from a letter received from Miss Minnie M. Brown, a graduate of the School of Nursing of the Brantford General Hospital, Ontario, who is a member of the staff of the Ranfurly Hospital, Feilding, New Zealand:

The Canadian Nurse is a welcome addition to our sitting room bookshelf. All news of R.C.A.M.C. Nursing Service and their doings is very interesting. This small eight-bed hospital has already sent two Nursing Sisters overseas and we are now sorrowfully preparing a trunk for our Matron who is about to go also.

The *Journal* is grateful to Miss Eileen Flanagan for the privilege of publishing the following letter written to her by Sister Ida Heany of the London Hospital. This great hospital has now established a large Annex in the country and Sister Heany was on duty there when the following letter was written:

I have landed at our Annex as a pioneer but really it is lovely to have fresh air, hear the birds sing, and see flowers grow, and to be and feel clean. London, bless it, is a trifle dusty with debris. We have three wards, an operating theatre and an X-ray going already. There are about 150 patients and the number increases daily. We are slowly equipping the wards from the old ones at the London Hospital. A van comes out twice daily with all the stuff we need and soon it will be a miniature "London" in the country. We are on duty from 8.30 in the morning until 9.45 at night and except for meals work all day. We have one day off a week. I am now housed in an old house and walk or bicycle to my work daily. We trust that before winter our home will be completed. We have the very young nurses who are in training and we hope to conduct the School on "London" lines. So far all is going well.

I expect that when all is quite settled and in working order I shall return to the "London" where there are still about 250 patients. Some of the patients in the Annex are air raid cases as well as medical, surgical, and civilian cases. They are thrilled for the huts allow the sun and air to get at them. All the Sisters and nurses are getting rosy but not fat. The work and the simple food prevent that but we are so happy not to feel tired because of the delightful fresh air. We are near enough to a small town to do a little shopping and see a moving picture every now and then. Most of us have bicycles and roam over the countryside.

For many reasons we cannot tell exactly what food we have but we are rationed in tea, sugar butter, and jam, although we have sufficient food and certainly we don't want to grumble. It is delightful (thanks to your parcels) to be able to have tea ad lib. Air raids simply make tea and sugar vanish like magic. They are hot and thirsty work.

So far I have only missed one air raid. I was with friends at Tunbridge Wells and felt so miserable and would have given anything to have been in it. It is positively hateful just sitting watching the planes go over and being out of the swim. Mercifully our dear old "London" is still standing but Poplar had a land mine and so their nurses joined ours.

London will give builders and architects a good deal of pleasure to rebuild. I think most of us are so hardened to raids that the loss of private belongings does not seem so dreadful. But we all do fear being maimed. It would be better to go right out I am sure.

You will see by the nursing magazines that the fund that the Canadian nurses have sent is being greatly appreciated. Many nurses have been supplied with clothes, and boxes to put them in.

Thank you for your thoughts and prayers and all you do for us. We feel the stronger and better for the sense of unity which it gives.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Miss Jean Gunn

A great loss has come to the Canadian Nurses Association in the death of Miss Jean Gunn. In tribute to her we wish to refer specially to her contribution to nursing organization, not only to her provincial and national associations but also to the International Council of Nurses. The record of the Canadian Nurses Association will bear forever the impress of Miss Gunn's freely given, constant support, as Secretary, as President, as well as while serving on innumerable committees. While her death leaves a gap in the lives of all those who were privileged to look to Miss Gunn for counsel, there exists a sense of deepest gratitude in the knowledge that her influence for progress and efficiency will continue to be felt. The Executive Secretary is one of many who shall miss her guidance and support in all nursing affairs in Canada.

The following message has been received from the President of the American Nurses Association:

The officers and members of the American Nurses Association extend deepest sympathy to the members of the Canadian Nurses Association in the death of Miss Jean Gunn.

Executive Committee

The Executive Committee of the Canadian Nurses Association met at National Office, Montreal, on June 2 and 3, 1941. There was a larger and more representative attendance than is usual at interim meetings of the Executive. Those present were: the President, Miss G. M. Fairley, in the chair; Miss E. L. Smellie, first vice-president; Miss M. Lindeburgh, second vice-president; Miss A. J. MacMaster, honourary treasurer; Miss M. B. Anderson, chairman, General Nursing Section; Councillors: Miss M. Meyers, New Brunswick; Miss J. Church, Miss G. Ross, Ontario; Miss E. Flanagan, Miss M. Batson, Miss A. Martineau, Quebec; on invitation: Miss E. Johns, editor and business manager of *The Canadian Nurse;* Provincial Secretaries: Miss G. Hall, Manitoba; Miss E. F. Upton, Quebec; Miss K. W. Ellis, Saskatchewan; and the Executive Secretary, Miss Jean S. Wilson. The proceedings of this Executive Meeting, in part, were reported in these *Notes* for July and in later *Notes* several matters of business will be recorded, after receiving consideration by the provincial associations of registered nurses.

Arising from the report of the treasurer, the following resolutions were adopted:

1. As the Executive Committee of the Canadian Nurses Association in meeting on February 22, 1941, went on record that $3,000. be invested in Dominion of Canada Victory Loan Bonds, Resolved that this investment of $3,000. be earmarked for the financial protection of *The Canadian Nurse Journal* and that the Executive approves the policy that from time to time this financial protection for the *Journal* be augmented.

2. As no further donations are being requested for the Florence Nightingale Me-

morial Fund at present, and as the bank balance of $2508. makes provision by which the C.N.A. can meet its pledged obligations to the Endowment Fund, Florence Nightingale International Fund, for the years 1940 and 1941, and as the Foundation has to suspend all activities until after the war, Resolved that $2,500. of the Florence Nightingale Memorial Fund be invested in Dominion of Canada Victory Loan Bonds and the account kept open to receive earnings on this investment.

International Council of Nurses: The President reported that recently she had conferred with the President of the American Nurses Association at ANA Headquarters in order to discuss in what way the ANA and the C.N.A. could assist the International Council of Nurses in immediate and post-war problems; also that she had a conference in New York with the President of the I.C.N. All those taking part in these discussions felt that one of the most constructive pieces of work may be the planning of post-graduate courses for young leaders from the countries where nursing education has suffered most.

Reports of Sections: The Hospital and School of Nursing Section reported study and application of the Curriculum Supplement; and emphasized the need in Canada for post-graduate courses for nurses. The Section has under consideration a special page in *The Canadian Nurse*.

The General Duty Section has suggested to the provincial sections a list of equipment essential for private duty nurses, also the provincial sections have been asked to study the present set-up of registries with the objective of formulating standards for Community Registries throughout Canada. Eight-hour duty for private duty nurses has been established recently in Lethbridge, Alberta, and Montreal, Quebec. The Registry for Edmonton, Alberta, now enrols practical nurses.

The chief activity of the Public Health Section has been the Study on Supply and Demand, a report on which was published in the June number of the *Journal*.

Provincial Associations: Included in activities on which all provincial associations of registered nurses reported were (1) census of nurses for voluntary emergency service underway or completed; (2) courses in first-aid and A.R.P., the latter conforming to the plan adopted by their respective provincial authorities; (3) adoption of recommendations by C.N.A. whereby the stabilization of nursing service will be assured; (4) continual support to the British Nurses Relief Fund.

The Alberta Association of Registered Nurses recently secured a new Act of Incorporation by which the minimum academic requirement is a high school diploma. Certain amount of funds have been reserved for loans for post-graduate courses during 1941-42.

The Registered Nurses Association of British Columbia appointed a field organizer for the more satisfactory development of District and Chapter organization; the set-up is to conform to that of the C. N. A. and provincial associations. The registrar has addressed groups of high school girls and distributed the Guidance Pamphlet.

The Manitoba Association of Registered Nurses appointed a committee to prepare an outline of duties for subsidiary workers in hospitals in anticipation of the need for such workers.

The New Brunswick Association of Registered Nurses has reached its twenty- fifth year of incorporation. The legislation committee is studying the need for strengthening reciprocal re-

quirements for male and female nurses.

Although the Registered Nurses Association of Nova Scotia was unable to secure approval of the Legislature to desired amendments of the Registration Act, the legislative committee obtained the consent of the Provincial Department of Education to publish in its *Journal* an announcement recommending a specific outline of study for students who anticipate entering a school of nursing.

Due to increased demands for loans for the current year, the Registered Nurses Association of Ontario augmented the funds as customarily available for loans in the Permanent Education Fund. A committee has been appointed to make a survey of qualified nurses interested in post-graduate study.

Through the Registered Nurses Association of Prince Edward Island, plans for organization of the Disaster Relief Committee in relation to nurses are well advanced. The members meet weekly for Red Cross work.

The Association of Registered Nurses of the Province of Quebec has invested reserve funds in Dominion of Canada War Bonds and circularized all members in support to War Stamps and Certificates. Early in March £400 was sent direct to London to the Civilian Nurses Air-Raid Victims Fund.

The Saskatchewan Registered Nurses Association has made studies on district and chapter organization and on creating a loan fund.

Canadian Florence Nightingale Memorial Committee: The Executive Committee of the C.N.A. in meeting on June 2 and 3, 1941, endorsed recommendations received from the Canadian Florence Nightingale Memorial Committee, as: (1) suspension of the Committee's activities until the Florence Nightingale International Foundation is ready to resume its work; (2) the personnel of the Committee to remain as appointed in 1938, i.e., Canadian Red Cross representatives: Mrs. Thom (Regina); Mrs. Plumptre (Toronto); Canadian Nurses Association representatives; Miss Grace M. Fairley (Vancouver); Miss Elizabeth L. Smellie (Ottawa); Miss Ruby M. Simpson (Regina) and Miss Jean Wilson (Montreal); (3) the chairman, Miss Simpson, and the secretary, Miss Jean Wilson to remain in office until the Committee is ready to resume activities; and (4) the records of the Committee to remain in the custody of the secretary at the National Office of the Canadian Association.

British Nurses Relief Fund: In meeting on June 2 and 3, 1941, the Executive Committee (C.N.A.) expressed gratification to the provincial associations for evidence of their eagerness to respond toward helping as best they can the nurses of Britain who throughout these months of continuous peril are showing true British courage and fortitude. Also the Executive adopted the following resolution:

That the Canadian Nurses Association continue to receive donations from Provincial Associations for the British Nurses Relief Fund and forward them to Britain as deemed advisable, and that the Royal College of Nursing be advised that the Canadian Nurses Association wishes this money to be used at their discretion for any emergency.

In order to conform to Federal requirements for collection of such funds the Executive adopted this resolution:

That the Executive Secretary be authorized to proceed with securing registration under the War Charities Act for the Canadian Nurses Association, and that Miss G. M. Fairley, Miss A. J. MacMaster and the Executive Secretary be appointed as a permanent committee for the administration of the Fund in aid of British nurses.

Orthopaedic Hospital Unit

Some months ago the Canadian Red Cross Society informed the Canadian Nurses Association that possibly on short notice the Red Cross might ask the Canadian Nurses Association to mobilize the required nursing personnel for an Orthopaedic Hospital Unit for Scotland. In order to be prepared to act promptly the provincial registrars were asked to select from their enrolment list for Emergency Service in War and Disaster, those nurses whose qualifications would meet the requirements of the nursing personnel for the Orthopaedic Unit.

On July 2 the Canadian Nurses Association was notified to proceed with mobilization of seventeen nurses including a Sister-in-charge, to be completed within a period of one month. Application forms and a statement of requirements were sent immediately to each provincial office and as this announcement is being written on July 5, already applications are arriving at National Office. However, while it is anticipated that before the end of July mobilization will be completed, any nurse interested in the Unit, with required qualifications, may learn from her provincial office if there are any vacancies in the nursing personnel.

Required qualifications are:

Age 25-40 (the sister-in-charge could be older.)

Basic training — general, including experience on orthopaedic wards.

Experience — a minimum of one year.

Health — append report of physical examination and interpretation of X-ray examination of chest having been made within 3 months.

Enrolment for war service with Canadian Nurses Association and Canadian Red Cross Society.

Matriculation or equivalent preferred.

A favourable report from the superintendent of the school of nursing concerned.

Remuneration per year: (a) Sister-in-charge of Unit — £150; (b) head nurse — £110; (c) staff nurse — £90; an additional 3s. 6d. per week is allowed each head nurse and each staff nurse. These rates are in addition to general maintenance in hospital including board, lodging and laundry. Nurses will be protected against casualties by the Scottish Department of Health. Travelling expenses to Scotland will be met by the Canadian Red Cross Society.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

Alberta:

Alberta Association of Registered Nurses	$200.00

New Brunswick:

St. Stephen Chapter, N.B.A.R.N.	10.00
Miss Mary G. Peters, Fredericton	5.00

(The amount of $200.00 listed from the New Brunswick Association of Registered Nurses in the July issue of *The Canadian Nurse* was donated as follows:

New Brunswick Association of Registered Nurses	100.00
Saint John Chapter, N.B.A.R.N.	100.00)

Nova Scotia:

Registered Nurses Association of Nova Scotia:

Antigonish-Guysboro-Inverness & Richmond Branch Members	10.00
Colchester County Branch Members	17.00
Halifax Branch Members	34.75
Lunenburg County Branch Members	10.00
Pictou County Branch Members	20.50
Miss Frances Brown	5.00

Ontario:

A. A., Stratford General Hospital	30.00
A.A., Kingston General Hospital	50.00
A. A., Wellesley Hospital, Toronto	9.00
A. A., Women's College Hospital, Toronto	10.50
A. A., Ontario Hospital, Whitby	23.00
Victorian Order of Nurses, Toronto	529.00
Toronto Dept. of Health, Public Health Nurses Association	27.25
Nurses of St. Catharines	46.25
Nurses of Sarnia	300.00
Nurses of District 10	50.00
Nurses of District 8	185.00
Ottawa Professional & Business Women's Club	115.00
Nursing Sisters, Sussex Military Hospital	22.00
Individual contributions	81.25

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

Student Government, Royal Alexandra Hospital, Edmonton	15.00
Calgary Unit, Overseas Nursing Sisters Association	5.00

The R.N.A.N.S. Annual Meeting

The Registered Nurses Association of Nova Scotia recently held their thirty-second annual meeting in the new recreation room of the Victoria General Hospital Residence, Halifax. An address of welcome was given by Mayor Donovan, who spoke of the wonderful spirit of nurses and their eagerness to join the war services or aid in any war efforts. Mayor Donovan was thanked for his welcome by the president, Mrs. Mack. Mrs. Mack emphasized the responsibility of each individual nurse and the importance of her work in the present crisis. She then welcomed Miss Lindeburgh, and Miss Jean Wilson to the meeting.

Miss Wilson brought a message of greeting from Miss Fairley, president of the Canadian Nurses Association, and wished the Association a successful meeting. She reiterated Mrs. Mack's remarks about the nurses' responsibilities, and spoke of the great debt we owe the nurses of Great Britain, and of how we should help them in every way possible. One minute silence was observed in memory of deceased members.

The reports of the registrar, treasurer, and corresponding secretary were presented. The paid-up membership is 1016 and 99 members have joined the Military Nursing Services, two of whom are overseas. One hundred and eighty members have joined the Association by examination, and 40 by reciprocity. The Loan Fund continues to be used. A total of 88 members attended the meeting with all Branches represented. All reported much activity during the year. The Halifax Branch has centered its activities on war efforts. Home Nursing classes were taught, a refresher course in the teaching of home nursing and a first aid class were given for nurses. Three emergency hospitals have been staffed and the Branch is co-operating with the nursing section of the Women's Auxiliary Service Corps of the Red Cross. A refresher course was also given in operating room technique. All Branches report having very interesting lectures on new drugs and treatments, and of showing many films. Guidance pamphlets have been distributed to schools in

their Districts, and all are organizing to collect money for the British Nurses Relief Fund.

A report, by Sister Mary Peter, Glace Bay, was read regarding the Hospital and School of Nursing Section. One general meeting was held in Sydney in January. The "capping ceremony" is becoming more popular in the Schools of Nursing. Some schools have added the St. John Ambulance Course to their curriculum. All are urged to encourage young graduates to take post-graduate courses. The report of the Public Health Section was given by Miss Hazel Macdonald, of Sydney. She reports that a page in the *Journal* will be given to the National Public Health Section each month. All public health nurses have assisted with immunization clinics. Miss Macdonald stressed the need for more public health nurses. Miss Frances Brown, of Kentville, reported that one meeting of the General Duty Section was held in Halifax. Eight-hour duty is in force in Halifax, but twelve, ten and even twenty-four hour duty is being done throughout the Province. A Committee was appointed to study the question of a Provincial Nursing Service Bureau.

The reports of the Standing and Special Committees were then given. The Legislative Committee gave a report of the proposed amendments to the "Act", which were killed in Committee of the Legislature. Despite this opposition, it was decided to carry on with this work of raising our standards. Miss Jenkins was appointed to represent the R.N.A. N.S. at the meeting of the Hospital Association of Nova Scotia and Prince Edward Island held at Pictou to present to that organization our needs for legislation.

At a dinner held at the Lord Nelson Hotel, with 140 guests present, Miss Lindeburgh, Miss Wilson, and Dr. and Mrs. Allen Morton attended as guests. Miss Hubley, president of the Halifax Branch, presided, and spoke a few words of welcome. Canon Walker, president of King's College, gave, in his most entertaining way, a splendid address on democracy. Miss Catherine Graham, on behalf of the Association, thanked Canon Walker in a few well chosen words. Delightful musical entertainment was provided and Mrs. Mack thanked the musicians, and also the members of the arrangements committee for their help in making the meeting a success.

At the business meeting on the following morning Miss Jenkins gave a splendid report on the creation of an Auxiliary Nursing Corps in Nova Scotia, and told the findings of the committee formed to study this subject. A recommendation from the Executive to buy an addressograph machine for the registrar's office was approved. The meeting voted to buy a $500 Victory Bond. A committee appointed by the Executive to discuss associate membership, brought in a report, with a list of rules drawn up for these members. An invitation from the Valley Branch to hold the next annual meeting in Kentville was accepted. Mrs. Mack was appointed convener of the arrangements committee.

A letter concerning stabilizing of nursing service was read and discussed. Both Miss Lindeburgh and Miss Wilson contributed valuable information on this subject. Miss Jenkins was appointed as delegate to the biennial meeting in Montreal in 1942. The following officers and conveners were appointed: President, Miss Marjorie Jenkins, Halifax; first vice-president, Mrs. D. J. Gillis, Windsor Junction; second vice-president, Miss Jane Watkins, Halifax; third vice-president, Miss A. Edith Fenton, Halifax; recording secretary, Mrs. C. W. Bennett, Halifax; Conveners of

Sections: Hospital and School of Nursing, Sister Mary Peter, Glace Bay; Public Health, Miss Jean Forbes, Halifax; General Nursing, Miss Grace Porter, Halifax; library, Mrs. R. Thorpe, Halifax; legislative, Miss Catherine Graham, Halifax; Red Cross Emergency, Miss Joyce MacDonald, Halifax; advisory to registrar, Miss Lenta Hall, Halifax; nominating, Miss A. E. Richardson, Kentville; program and publications, Miss Jessie McCann, Halifax. Mrs. Mack expressed her thanks to the Association and its officers, and welcomed the new president to the chair. Miss Jenkins thanked the members for her appointment, and expressed the thanks and appreciation of the Association to Mrs. Mack for her untiring work and loyalty during the past three years.

At the afternoon session Rev. Sister Francis Paul of the Halifax Infirmary, gave a splendid and most enlightening talk on some of the newer drugs. The final session opened with the showing of two war films, released by the Federal Government, "The Warning" and "The Home Front". These were followed by addresses by Major Bessonette and Flight-Lieutenant Rankin. Both gave very vivid pictures of the sufferings and the life of the British people at the present time. They made us all realize how much is owed to those who are fighting for us, and the need for action on the part of every nurse to help win the war.

Miss Jean Wilson and Miss Lindeburgh were called upon frequently during the meetings for information. They were most helpful and gave invaluable advice regarding many problems with which the meeting was confronted.

JEAN C. DUNNING,
Registrar.

Annual Meeting in P.E.I.

The annual meeting of the Prince Edward Island Registered Nurses Association was held on June 10 with the president, Mrs. C. H. Beer, in the chair. Mrs. Beer outlined the work of the Association referring especially to the war work which has been covered in weekly meetings at the hospital. Forty-two graduate nurses completed the St. John Ambulance Course and received their vouchers. Up to the present time, twenty-nine nurses have been called for military duty, thus entailing a serious shortage of qualified institutional, public health, and general duty nurses. Mrs. Beer urged the hospital superintendents to maintain standards of entrance to schools of nursing. If this is not accomplished, in a few years the profession will be overcrowded with nurses who have low educational standards who will not be able to take their places in the Canadian Nurses Association. She urged the young graduates to take, whenever possible, university courses or post-graduate experience in larger hospitals. During the year the Association voted the sum of $200 for the Civilian Nurses Air Raid Victims Fund and the president encouraged all nurses to continue systematic giving to this fund.

Reports were received from all three sections, standing committees, and special committees all of which showed satisfactory progress. Miss G. Brown, convener of the Hospital and School of Nursing section, reported the addition of two subjects to the nurses registration

examinations. The three general hospitals in Prince Edward Island now have twelve-hour duty for private duty nurses. Alumnae Associations are well organized and are doing much to further nursing education. Miss Ora Profitt, chairman of the Nursing Service Disaster Relief Committee, spoke briefly on this work and demonstrated the first aid set up to be used in various emergency centres throughout the city. Dr. Joseph MacMillan followed with an interesting address emphasizing especially the values of transfusions of whole blood or plasma and outlined the use of desiccated blood in emergencies.

Miss Jean Wilson, Executive Secretary of the Canadian Nurses Association, took part in the afternoon discussions and was guest speaker at the dinner meeting. She outlined the co-relation of the national and provincial organizations stating that in the former there are now 17,724 members in good standing. She also encouraged young nurses to continue their professional education and to assume their responsibilities in answer to the challenge of overseas nurses in the work they are doing. On the home front, every nurse is expected to do all she can in war and refugee work along with her professional duties. Now that many of the old, well recognized hospitals in the British Isles have been destroyed Canada must be prepared to help carry on the great work.

The following slate of officers was elected: President, Miss Katharine MacLennan, B.A.; vice-president, Miss Mary Devereaux; secretary, Miss Anna Mair; treasurer-registrar, Sister Mary Magdalen; chairmen of sections: hospital and school of nursing, Miss Georgie Brown; general nursing, Miss Dorothy Hennessey; public health, Miss Margaret Darling, P.H.N.

A Central Tray Room

LILY MACKIE

The Central Tray Room of Grace Hospital, Windsor, is a department organized for the purpose of centralizing and keeping account of all the equipment and supplies used daily (or rarely) by the nurses in the wards. Its ideal is to be able to provide anything needed without delay. All trays have been planned to contain everything that is necessary to perform a treatment, using the technique taught in the classroom. Its stock includes all treatment trays, sterile and non-sterile, solutions, ointments, dressings, rubber goods, glassware. Special equipment such as restraining sheets, inhalators, suction apparatus, atomizers, and odds and ends are always kept in a state of readiness, and the atmosphere of cleanliness and order as seen in an operating room prevails.

The tray room is located in the basement of the hospital at the most convenient place, not more than one or two minutes' walk from any department. The room is about thirty feet square and most of the wall space is lined with cupboards, the lower parts being in the form of bins which are used for supplies such as absorbent sponges and gauze pads. The cupboards above contain various articles placed conveniently to the trays with which they are used. Where necessary, the cupboards have glass doors. There are two long tables about twenty-four feet by three feet, one serving as a counter near the tray cupboard, the

other being used in the making of supplies. There is a sterilizing unit, consisting of an autoclave, hot and cold sterile water tanks, and a medium-sized instrument sterilizer. There is also a deep sink, with cupboards underneath.

The central tray room is supervised by the operating room supervisor who co-ordinates the work of both departments and the training of the nurses. During her probation period, between lectures, the student nurse is taught in the tray room to make sponges, applicators, gauze pads, and other dressings. In her intermediate year, she spends a further period there and, during her senior year, following her operating room training, she is placed in charge for another period of experience. During her intermediate term, she learns many things which help her in her operating room training such as the autoclaving of linen, glassware, enamelware, methods of making solutions, care of needles, syringes, instruments and rubber goods. The night operating room nurse carries on the routine work of the tray room during the night.

Because trays and equipment are kept in place and in order and are easily accessible from all departments, there is certainly a decrease in expenditure of time and energy and an improvement in technique. Economy in the use of supplies is well understood by the tray room nurses because they are responsible for all supplies, and records are kept of the number of dressings required by various departments daily. The dates on which supplies are received from the stock room are kept in a book and comparisons are made frequently.

During the past year, the cost of our dressing supplies had been cut more than fifty percent due to the use of Elastoplast dressings and the reclaiming of gauze. Our method of reclaiming gauze is as follows: in each utility room there is a covered pail containing Lysol solution, 1-20. (This is a waste solution, having previously been used in suture jars in the operating room). All used gauze pads are placed in these pails and are collected in a pail of Lysol solution and taken to the laundry. They are then put into a mesh bag, washed and boiled for fifteen minutes, soaked in a one percent chlorine bleach solution for five minutes, then re-boiled for fifteen minutes. While damp, they are wrapped in towels and returned to the tray room. Here the gauze is stretched across wooden boards which measure 16 inches by 14 inches by one inch. These boards have nine three-inch nails hammered through at one edge and forming a row of spikes on which to fasten the gauze while stretching it. The gauze is then dried, folded, and sterilized in the autoclave for one half-hour at twenty pounds pressure. A great saving is effected by the proper care of equipment and by having one large stock of solutions and ointments rather than many small supplies.

When a nurse comes to the Central Tray Room for a tray, she is waited on by the nurse in charge. Pins are removed and any solutions necessary are poured into the basins. The nurse signs for the tray, giving the department to which it is being taken, and following its use, cleans and returns it, checking her name off the list. The tray is then re-arranged and re-supplied by the tray room nurse.

All treatment trays, used where aseptic technique is required, are bundled and autoclaved for twenty minutes at twenty pounds pressure. Small, medium and large aluminum trays are used. The equipment, enamelware, sponges, towels, paper bags, etc., are placed in convenient positions and the tray is then wrapped in a double factory cloth cover and fastened with a straight pin put in so that only the head of the pin is visible. The

trays are marked as to their contents, and the nurse's initials written below. All covers are used once and then laundered since repeated autoclaving without laundering causes the material to turn brown and to wear out quickly.

All glassware, syringes and bottles are tempered before use. Each part is wrapped separately, placed in cold water and brought to a boil. The water is drained off, the glassware cooled, and the procedure repeated twice. A large assortment of needles is kept on hand. After use the needles are syringed with water, then ether, inspected and then placed with stilettes in small glass tubes closed with two layers of wax paper and an elastic band. They are then autoclaved for thirty minutes at twenty pounds pressure. All except the 50 c.c. syringes are kept in glass tubes, capped with two layers of wax paper and an elastic band. These are arranged around a cupboard, standing on end, and held in place by clamps. The 50 c.c. size are bundled with adaptors in enamel dishes. The bulbs from the bulb syringes are kept in a jar of bichloride solution.

Individual autoclaved bottles of normal saline and boracic solution are prepared for use in irrigations and compresses. The solution is put into the bottles, they are capped with two layers of wax paper and one piece of cloth, tied claved for twenty minutes at twenty with string, using a slip knot, and autopounds pressure. Other sterilized solutions are novocain, atropine, and adrenalin, sterilized by boiling the bottle in water for three minutes. Glycerin and liquid petrolatum are sterilized by autoclaving for twenty minutes at twenty pounds pressure. Many other solutions commonly required are also kept in readiness, as are ointments of all kinds.

An assortment of cigarette drains and hard rubber drains is kept in a jar of carbolic solution ready for immediate use. All rubber tubing, catheters, rectal tubes, etc., are soaked once a week in cold water. Rubber gloves are washed, boiled for three minutes, dried, inspected for holes, patched if necessary (all patches on the inside), powdered, and placed in individual covers. They are autoclaved for fifteen minutes at fifteen pounds pressure. Breast applicators are wrapped in paper bundles of twenty-four. Long applicators are put up in paper bundles of six, and also in large glass tubes. Pairs of applicators are put up in long glass tubes to be used for taking cultures. Tongue depressors are either put up in bundles in glass tubes or individually in paper.

The central tray room is responsible for all routine surgical dressings. Every morning the ward supervisors send to the tray room a list of dressings to be done in their department. The intermediate nurse prepares the dressing wagon for these dressings and makes her rounds at four-hour intervals. For the first few days she is accompanied by the instructor of nurses, who later supervises her work from time to time, especially when there is a new type of dressing to be done. A slip is left at the supervisor's desk, giving all information about the dressing which should be charted.

In the central tray room routine cleaning is as follows: all cupboards are washed thoroughly with soap and water once a week. Any sterile tray which has not been used during the week is re-sterilized. Sterilizer and autoclave are cleaned daily with "Snap" and, once a week, the filter is removed and scrubbed with green soap. The sterilizing tank is cleaned inside once a week and boiled with a solution of soda bicarbonate. Water in the tanks is re-sterilized each morning so that there is always a good supply of hot and cold sterile water. Tables and shelves are scrubbed daily.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Dietary Habits of Various Nationalities

EVELYN S. HOLLAND

Because nutrition occupies such an important place in her health teachings, the public health nurse should understand the differences in dietary habits of different nationalities, and understand the needs of each. It is important to remember, however, that there can be no growth and development of any race without the basic food constituents, proteins, carbohydrates, fats, minerals, vitamins, and water.

East Indian Diet: The East Indians are hearty eaters. They have their own community life, so therefore have found little difficulty in adhering to their native diet. Most of the foods and spices are obtainable at prices which compare favourably with the relative western foods. The standard of living for the majority of them is very low in their native country and, when they immigrate to this country, they still retain the simplicity of their former life. Although the diet is simple it must be very rich and very highly seasoned. The basis of all cooking is butter. The staple food is a pancake called "roti", made from whole wheat flour specially milled for this purpose. Since eating utensils, as knives, forks, spoons, are not used, they very skilfully use the pancake "roti" as a means of getting the food to their mouths. Large quantities of butter are used. They buy the butter if possible in twenty pound amounts, put it in a large crock, melt it, and strain from it what they call the "impurities". Milk is used very freely by all. A common way to serve milk as a beverage is to heat it, then pour enough tea or coffee in it merely to colour it yellow, then add sugar. They do not care for cheese, but are fond of soured milk with salt. Boiled rice and vegetables, curries made with lentils, and canned salmon are the main dishes enjoyed. Mutton, chicken and goat meat are the commonly used meats. Beef they do not use, owing to a religious belief. Puddings are made with eggs, rice, raisins, almonds, coconut and spices. They are not served as desserts but may form the main dish for a breakfast. Some families eat sago and cream of wheat. They are fond of fresh fruits.

The greatest problem East Indians present in their diet is their inconsistent method of purchasing foods. They vary their diet from week to week, but not so much from meal to meal. Instead of buying a moderate amount they are known frequently to purchase ten bunches of celery, five or six dozen oranges, a large amount of mutton. Consequently, they must have the same food for many meals, tire of it, and not

always have a balanced diet.

Japanese Diet: Rice is the staple food of the Japanese. This they purchase in large-sized sacks. The substance which is polished from the rice, or "rice bran", is mixed in its powdery form with water and salt. To this paste they add a chopped cucumber or any other green vegetable, and enjoy it as a pickle. Soya bean sauce, with very high protein value, is the basis of their cooking. It is imported from Japan. Fish is eaten in considerable quantities. Raw fish with soya bean sauce is quite a delicacy. Many different types of sea food are eaten and octopus is greatly enjoyed. Various types of sea weed sold in sheet form is eaten, but since the war they have had to consider it a delicacy, due to the high importing rates. Root vegetables are enjoyed, although they do eat the leafy vegetables also. Mushrooms, bamboo sprouts, egg plant, and a vegetable which resembles our parsnip and tastes like the radish, are used considerably. Although the Japanese are becoming more adapted to eating fresh fruit they do not yet eat as much as they should. The reason might be traced to the fact that fruit is costly in Japan. They have many various types of very sweet little cakes and cookies. They eat these between meals and always serve with them green tea without milk or sugar.

A problem with the Japanese is that the children drink very little milk and the adults take practically none. Too many sweets are taken in comparison to the amount of raw fruit and fresh vegetables. The Japanese are a thrifty, ambitious race but are inclined not to reason sensibly in their diet. If they find their budget does not balance, they will cut down first on food, even the essentials.

Chinese Diet: The staple food of the Chinese is rice. Their diet has a high starch and fat content, they add little sugar to foods, and do very little cooking in water. Green tea, without milk or sugar, is their beverage, and is taken in considerable amounts at each meal. Very few children have milk to drink. The basis of their cooking is peanut oil and pork fat; they use scarcely any dairy products. They are exceptionally fond of pork and may eat two or three bowls of pork fat at one time. Overeating in the Chinese, if an opportunity presents itself, is quite common. They enjoy soups, and have in them slices of meat or mushrooms or sugared seaweed. They are very fond of duck, geese, and fish. Soya bean cheese is eaten as a relish, and they enjoy pickles very strong and spicy. Every dish is a combination of two or more kinds of food. In all mixtures the food is cut into small pieces, and in one dish you might find pieces of duck, ham, chicken, and various vegetables, mixed with plenty of pork grease or peanut oil. Onions, beans, and different varieties of greens are the most commonly used vegetables. In the short time they allow the vegetable to cook the vitamin potency of the vegetable is retained, the natural flavor of the vegetable is preserved, and the minerals are not lost because all the soup and vegetables are consumed.

The refrigeration problem does not bother the Chinese, principally because of the absence of dairy products. He always likes his fish freshly caught, his pork and poultry freshly killed. Moreover, almost every food is cooked before eating. If he desires three square meals a day, he must cook rice three times a day. Their dislike of taking fresh vegetables and fruits is traced to their faulty sanitation methods. Their belief is that fresh vegetables, fruit, and water taken in any quantity cause a "sickness" amongst them. This belief, handed down through the ages, makes it diffi-

cult to teach them the value of fruit and vegetables, and the necessity of drinking any amount of water. The children are inclined to eat too much candy and have a finicky appetite. A Chinese mother delights to see her baby fat, and it is often a difficulty to make her understand that a fat baby is not always a well baby.

Jewish Diet: Dietary laws for the Jewish people have their origin in the "Torah", the Jewish Bible. They believe in a separation of the clean from the unclean foods. Clean animals are the quadrupeds that chew the cud and divide the hoof; the meat of these may be used; forbidden animals are the swine. All types of fowls and meat must be slaughtered by one who has certain qualifications to slaughter according to their religious beliefs. No wild food may be taken. Only fish having fins and scales are permitted for use in their diet. Lobsters, clams, shrimps, oysters, and eels are forbidden. Meat may not be taken until six hours after milk or other dairy products are taken. The cooking utensils for meat products and dairy products are kept strictly apart. Therefore in Jewish homes they have two outfits of cooking utensils. Cooking is done with domestic shortening.

Outside the restrictions and prohibitions described, one can hardly say the Jewish have any fixed characteristics of their dietary. Their diet in general is considered rich and not always well-balanced. Chiefly their fault lies in the use of too few vegetables. The nurse might suggest the use of more green vegetables, more simply cooked, and use of more fresh fruits and milk.

Italian Diet: Olive oil is the basis for all cooking, and is used very extensively. Semolina is considered their staple food; there are many different varieties such as macaroni, spaghetti, vermicelli. A dish of semolina in some form is served once a day at least. The Italians are good gardeners, and have variation in their vegetables. They are fond of all fresh fruits. Highly flavoured cured meats are preferred to fresh meats. Italian cheese is served as a dessert in their meal. (At present this cheese is eighty cents a pound.) Their main beverage is wine, which they make from grapes. Wine is served for their lunch and dinner. Even the pre-school and school children drink wine. Most of them prefer it to milk. The father is the undisputed head of the house and in many cases the mother has not learned the English language. Thus the nurse finds it difficult to teach the mother that there are many Canadian foods which they might substitute for their expensive Italian tastes.

Obituaries

LILLIAN COSWELL died recently. Miss Coswell was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1917.

ELIZABETH MUNRO died recently in Maxville, Ontario. Miss Munro was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1896.

GERTRUDE PAGET died recently in California, U. S. A. Miss Paget was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1916.

A Remarkable Record

FLORA E. STRUMM

The recent retirement of Flora Elizabeth Strumm from the active practice of her profession has been marked by tangible proof of the high regard in which she is held. For more than thirty years Miss Strumm has been a member of the nursing staff of the Montreal General Hospital and, in whatever capacity she served, proved herself a capable and devoted nurse.

Miss Strumm was born at Riverport, Nova Scotia, and was educated in the Maritime Provinces. She graduated from the School of Nursing of the Montreal General Hospital in 1901 and, after holding various staff positions became instructor of nurses in 1910 while Miss Livingston was Lady Superintendent. In 1916 Miss Strumm was appointed assistant superintendent of nurses and continued to serve in that capacity until her retirement. She has thus been a living link between the past and the present and unites in her own personality the best features of both.

At a dinner given in her honour by the Alumnae Association, Miss E. Frances Upton paid Miss Strumm the following glowing tribute:

Yours has been a wonderful record of service — we would venture to claim that it has no parallel in Canadian nursing history; and during those years the number of your admirers and well wishers has steadily increased and the measure of their regard for you.

Those of our number who were your confreres in your earlier years found in you a companionship which marked you as a good sport — those of us who came along at the end of that era when probationers were being admitted "one at a time" found in you an understanding heart without which it would have been well-nigh impossible for us to have weathered the storm; then all through times of disruption leading almost to a crisis, you were there — filling in the gap, bolstering the weak spots, carrying all the additional burden necessary to keep the fabric of our nursing service and school intact, all of which you did in your own quiet, efficient way.

For your loyalty to the grand old tradition of our hospital and school and for your steadfastness of purpose through your long years of service, we will ever hold you in the highest possible esteem — for your gentleness towards, and kindly interest in the sick and suffering we will never cease to admire you — for your great devotion to her, the founder of our school, in whose footsteps you have walked and for your ability to hold fast to those good things of former years and to weave them into our work and thoughts of later and present times so that they have become one and inseparable — and for your cheerful laughter we will love you always.

Miss Strumm was presented with a cheque for $900 from the members of

the association. The presentation was made by Miss Catherine L. Anderson, president of the Alumnae Association. The money came in small subscriptions from graduates of the hospital, and with the cheque went a leather-bound book inscribed with the 545 names of those who had contributed.

At a reception held in Miss Strumm's honour by Miss Mabel K. Holt, the Superintendent of Nurses, a presentation was made on behalf of the Medical Staff which gave eloquent proof of the high esteem in which she is held by the doctors whom she served so faithfully and well.

O.N.S.A. News-Letter

The portrait of Miss Margaret Macdonald, R.R.C., Matron-in-Chief of the Canadian Overseas Nursing Sisters in the last war, now hangs in the Council Room of the Defence Headquarters in Ottawa. It seems fitting that for the duration of the present war it should hang in the room where all the meetings of the National Defence Departments — army, navy and air — are held. The Honourable the Minister of National Defence requested that it should be so placed.

The members of the Overseas Nursing Sisters Association will remember that at the meeting held in Halifax in 1938 it was decided that we have a portrait of Miss Macdonald painted. Miss Marion Haliburton of Halifax was in charge of all arrangements and to her is due the credit of having the portrait done. The artist was Sister Marie Rosalee of Mount St. Vincent College, Halifax. Miss Macdonald has seen the finished portrait and has pronounced all details of colour in uniform and decorations to be correct and has expressed complete satisfaction. Miss Macdonald was reluctant to have her portrait painted but considers it a tribute to all the Overseas Nursing Sisters "any and all of whom it may represent in the future" she says. And to quote more fully from her letter to us in Calgary last year: "No one realizes more fully than I that whatever recognition has come my way has been due to the splendid standard of work and high ideals maintained by the individual members of the nursing services. I have no illusions on this point. Your *esprit de corps* was superb and I can but wish that all those for whom you pioneered and paved the way will follow in your foot steps with an equal degreee of success. Between ourselves I don't think they can ever come quite up to you."

A photograph of the portrait.

We are informed that if the Overseas Nursing Sisters Association wishes an unveiling ceremony to be held at a later date it can be arranged. Also if any Nursing Sister wishes to see the portrait she may do so by making an appointment in advance. Photographs of the portrait are available in two sizes and may be obtained from Climo's Studio, 501 Barrinton St., Halifax, N.S. The price is either twenty-five or fifty cents, according to size.

F. MUNROE,
President,
Overseas Nursing Sisters Association.

Institute in Halifax

A splendid Institute, under the leadership of Miss Marion Lindeburgh, has just been concluded in Nova Scotia. The subject was "Better nurses — better nursing". The Institute was arranged under the auspices of the R.N.A.N.S. The attendance was gratifying, numbering 250 registrants; and the response was enthusiastic. Nurses from all parts of the Province were present, representing the three Sections. Keen interest in the Supplement was aroused. Life leapt into its pages hitherto thought dull and with many nurses, unopened. Miss Lindeburgh's spontaneity, her simplicity and sincerity, captivated her audiences. Her intense conviction of the need for changed attitudes and methods in our Schools of today, threw out a challenge to them. A broad view of the profession as a public service was given, emphasizing its expanding relationships with social and health movements. The application of the democratic conception of education to schools of nursing was urged as being necessary to fit the student for the present-day world. The need for broad experience in administrators, teachers, and head nurses was stressed for effective leadership. The role of all nurses in the field of health was discussed.

A particularly large audience attended the session " nursing the patient" and the demonstrations following this session were intently observed. The demonstrations were of a nursing procedure performed in the Hospital and of the same procedure performed in the home, evaluated according to standards discussed in the preceding session. The demonstrations of the following day seemed equally appreciated. These showed a nursing clinic and a staff conference and followed a morning program on the modern supervisor. Head nurses turned out in good numbers to this session. Of value to all who attended the course were the Study Guides prepared and offered for distribution by Miss Lindeburgh.

The Institute has stirred us and we are grateful for it. It has brought renewed spirit to our work and a fresh stimulus to drive forward. The memory of it is still vivid with us and high tribute to its leader is being expressed everywhere. And Miss Lindeburgh, *herself*, has been received into the hearts of Nova Scotian nurses.

— MARJORIE JENKINS

A Word of Thanks

Editor's Note: Sincere thanks are tendered to the J. J. Gibbons Advertising Agency and to their client, the Abbott Laboratories Limited, for their kindness in waiving the right to the use of the page opposite to the leading article in this issue.

STUDENT NURSES PAGE

A Case of Leprosy

P. DANN

Student Nurse

School of Nursing, Saskatoon City Hospital.

Mr. X., age thirty-four, was born in Canada of Russian parents and has lived all his life on a farm. He had a comparatively healthy childhood but spent only a short time at school since he was obliged to earn his own living. His father is still alive and well, but his mother died at the age of forty-five, of a post-partum complication. There is a history that she frequently burned her fingers while working around the stove, because her sense of touch appeared not quite normal. Mr. X. has two brothers, born in Canada, who are both healthy. One sister, who was born in Russia, has spent the last year in the Dominion Leper Colony in Tracadie, New Brunswick. Mr. X. was married at the age of twenty-two, but has no children.

About twenty years ago, he noticed that sensation in his feet (particularly the right foot) and hands was not as keen as previously. He froze his feet badly, so that it was necessary to amputate the little toe of the right foot. Subsequently the fifth metatarsal and the phalanges of the second toe were amputated. After being treated by a local doctor for several years for syphilis, the patient was referred in 1929 to Dr. Y., a Russian doctor who had had experience with the treatment of lepers, and observed in this case some possible symptoms of leprosy.

Leprosy is practically a life-long disease and the majority of cases relapse after long or short periods. It is one of the oldest recorded infectious diseases. It has been prevalent in the Orient for thousands of years and has followed man in all his migrations. There are now only a few hundred cases in America. Leprosy is neither hereditary nor congenital and only slightly contagious. In ancient times it was confused with syphilis and many skin diseases, hence the fear of it in Eastern countries. The period of incubation is thought to be from three to six years. The pre-eruptive symptoms may be very painful, with headache, backache, pains in the muscles and joints, digestive disturbances, neuralgias and peripheral neuritis.

Anaesthetic leprosy attacks the trophic nerves, which carry impulses throughout the body, causing the blood to bring essential elements to damaged tissue. The superficial nerve trunks become thickened and nodular, causing anaesthetic skin areas and muscular atrophy. Dusky red hyperaesthetic lesions appear on the trunk and extensor surfaces of the extremities. These gradually become anaesthetic. If they ul-

cerate, the wounds are hard to heal, because of the injury to the trophic nerves, and horrible deformities result. Muscular atrophies appear early and lead to contractures. Another type, the nodular or tubercular is characterized by the appearance of nodules on different parts of the skin, which ulcerate and leave deforming scars.

The diagnosis of anaesthetic leprosy is made certain by detection of the lepra bacilli in and excised nodule or scrapings from the septum of the nose. The bacillus leprae, an acid-fast organism closely resembling the tubercle bacillus, was first discovered in 1874 by Armauer Hansen. Dr. Y. made a clinical diagnosis of leprosy in this case, which was later substantiated by the laboratory diagnosis. Mr. X. was removed to the leper colony in Tracadie in 1929 and was discharged in 1933 as non-infectious. While in the leper colony he was given injections of Chaulmoogra Oil. This treatment was continued after he returned to his home, where Dr. Y. gave him injections twice a week. Chaulmoogra Oil, a specific for leprosy, is obtained from the seeds of the chaulmoogra tree. It can be given orally or intramuscularly, but its nauseating taste limits its oral administration.

Early in 1938, Mr. X. developed a blister on his right foot. This developed into a discharging sinus, which did not improve under treatment. His hands were large, with evidence of frequent trauma. There was a knot-like end to the middle finger of the left hand and the index finger of the right hand. The patient said he had infections in them, and "the bones came out". There appeared to be definite anaesthesia in these fingers. There were areas of anaesthesia and hyperaesthesia on the lower limbs and areas of atrophic skin on both feet. On the right foot, the fifth metatarsal and phalanges were gone, and the phalanges of the second toe. Under the ball of the foot, was a punched-out ulcer, one centimetre in diameter. The third toe was grossly swollen and inflamed and the whole foot and leg up to the knee appeared a reddish colour and was somewhat tender. This was the clinical picture when Mr. X. was admitted to the hospital on September 23, 1939. He was put to bed in a separating room and placed on strict separate technique. The right foot was cleaned with green soap and water and boracic compresses were applied. The discharge from the ulcer was purulent in character, sometimes haemorrhagic, and had a foul odour.

Smears of the discharge from the foot were taken to the laboratory and the examination revealed acid-fast bodies, which were indefinite and could not be regarded as positive for the leprae bacilli. An X-ray of the right foot was taken to show bone necrosis and indicated the following findings—"anteroposterior and lateral films were made of the right foot. The middle toe including the metacarpal, is absent. The phalanges of the third toe are absent. The heads and necks of the third and fourth metacarpals are very narrowed and atrophied. The metacarpal-phalangeal joints of the second and fourth toes are angulated acutely to the dorsal surface." Nasal scrapings taken on October 2 were positive for bacillus leprae. Four days later there appeared to be very little discharge from the ulcer, so a dry dressing was applied for three days. It was then deemed advisable to apply a vaseline dressing to the foot, as the ulcerated area was again discharging.

The patient was ordered to have Chaulmoogra Oil intramuscularly every other day. This treatment was continued and by October 15 there appeared to be very little discharge from the ulcer and the entire foot was less swollen and

painful. A week later boracic compresses were again ordered for the right foot during the day, and a vaseline dressing was to be applied at night. Wassermann and Kahn tests were taken, but both reports were negative. In leprosy, the Wassermann reaction sometimes is positive, but the therapeutic test for lues would be negative. Throughout the course of his treatment, Mr. X.'s temperature, pulse and respirations remained normal, with the exception of two days, the week following his admission to the hospital. At that time his temperature varied between 99° and 101°, his pulse between eighty and ninety-six, and his respirations were normal.

In nursing a leprous patient, close and long-continued contact with him should be avoided. It is necessary to remember that the causative organism is found in all lesions, in the blood, and in the urine and faeces. Secretions from the nose and throat and dressings from ulcers must be collected carefully and destroyed, and good habits of personal hygiene with regard to coughing, sneezing, and expectorating established. The patient's general nutrition should be improved by wholesome, digestible food. Personal cleanliness and frequent warm baths are an important part of the treatment. The hands and feet should be watched carefully for minor injuries, which would go unnoticed by the patient, because of the anaesthetic areas, and might develop secondary infections.

The patient needs some occupation to keep his interest and take his mind from his condition as far as possible. Mr. X. was very co-operative and appreciative and usually in quite a cheerful frame of mind. Only on the occasion of waiting for the report of the laboratory findings, did he show any outward evidence of concern or worry about his condition. He gradually became reconciled and appeared to make a satisfactory mental adjustment. Arrangements were made at the end of October by the Department of Pensions and National Health to transfer Mr. X. to the Dominion Leper Colony at Tracadie, New Brunswick, and on his discharge from our hospital, there was evidence of considerable improvement in his general condition. Since he has been at Tracadie, Mr. X. has asked one of the nuns who maintain the nursing service to write a letter to his attending physician here. The ulcerated area on his foot seemed to be healing nicely. At that time he was having injections of Chaulmoogra Oil twice weekly and the doctor was going to increase this to three injections weekly if he showed no untoward reaction. He was also taking the oil by mouth.

By segregation, leprosy is gradually disappearing. Strict segregation should be enforced in every case, and quarantine maintained. Under proper treatment all cases improve and many are cured. Early care of the children of leper families may be the key to the problem. They should be examined frequently, and treated promptly. Doctors, research workers, and humanitarians have done much to organize the work of segregation and treatment of lepers. We can now hope that through new therapeutics and new methods of control, leprosy can be wiped out in every country.

A.R.N.P.Q. Prepares for Emergencies

The following communication has been received from Miss E. Frances Upton, Executive Secretary, Association of Registered Nurses of the Province of Quebec:

The following letter is being addressed to every newspaper, all professional nursing groups and Women's Institutes in the Province of Quebec and to the broadcasting stations. It signifies our desire to be ready to meet any emergency which may arise and which might include disaster caused by air-raids, epidemic, or any contingency due directly or indirectly to the present conflict. The committee appointed to carry the plan to a successful issue includes Misses E. C. Flanagan, C. V. Barrett, Mary Mathewson, Alice Albert, Suzanne Giroux, Edna Lynch and the writer, as chairman. It is not intended to conflict in any way with our well established enrolment of registered nurses for National Emergency, but to stimulate further interest in that enrolment and to provide for the enrolment of all other persons not included in our membership whose services could be used to great advantage in an emergency. There are approximately 6,300 registered nurses in the Province, 1,200 of whom have already enrolled. It is estimated that the number of graduate and practical nurses is over 7,000.

The letter to which Miss Upton refers reads as follows:

With the personal approval and endorsation of the Hon. Henri Groulx, Minister of Health, Quebec Provincial Government, the Association of Registered Nurses of the Province of Quebec is launching a campaign for the enrolment of all persons in the province with nursing knowledge and experience for service on the Home Front. A special office for the purpose has been opened in the Medical Arts Building, Suite 904, from which all information on the subject may be secured. It is our earnest desire to be of the greatest possible assistance when the need arises and therefore the wholehearted co-operation of all concerned is requested and anticipated. In order to save time and expense the following requests are extended:

1. That all registered nurses in the province will enrol for national service in the office of the Association of Registered Nurses of the Province of Quebec in accordance with the plan already in action and conducted in conjunction with the Canadian Red Cross Society.

2. That all other persons including graduate non-registered nurses, male nurses, practical nurses, trained attendants, medical orderlies, etc., will enrol through our office at 904 Medical Arts Building, 1538 Sherbrooke Street, West, Montreal, either by mail or in person.

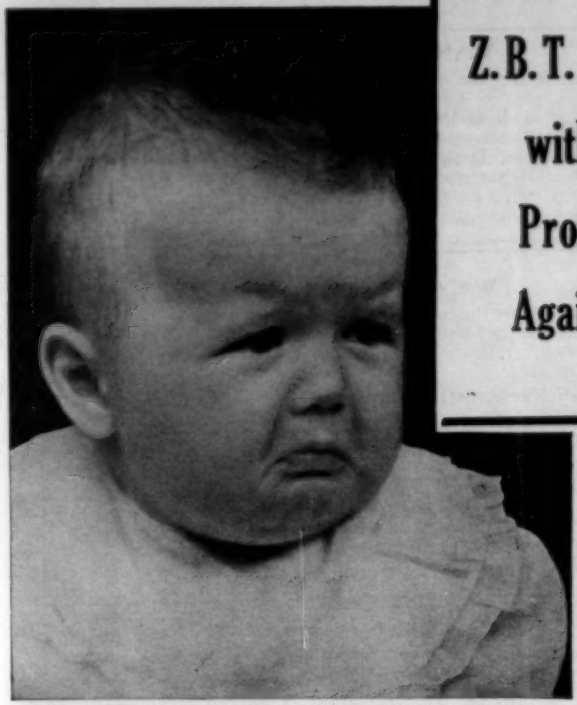
Help us to prepare for an emergency which we hope will never arise and please act immediately.

Special forms for this enrolment have been prepared and are available. Enrolment began on July 14 and will continue until September 1. The hours are from 9 a.m. to 5 p.m., except on Saturdays when they are from 9 a.m. to 1 p.m. Enrolment will not take place on Sundays.

M.L.I.C. Nursing Service

Miss Lucille Cote (Hôpital de la Providence, Montreal, 1933) will resume her duties shortly as a Metropolitan Nurse on the Mount Royal Nursing Staff, Montreal. In September, 1940, Miss Cote, then Metropolitan Nurse at Thetford Mines, P.Q., was granted a scholarship for a course in public health nursing at the University of Montreal.

Miss Helene Talbot (Notre Dame Hospital, Sherbroke, 1933, and University of Montreal public health nursing course, 1940) will be appointed permanently as a Metropolitan Nurse on the Mount Royal Staff.



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Applications are invited for the following positions in a large General Hospital of 800 beds:

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Head Nurse for Obstetrical Department.

Supervisor for Isolation Department.

Address applications to **Miss C. E. Brewster, Superintendent of Nurses, Hamilton General Hospital, Hamilton, Ont.**

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Applications are invited for the position of a qualified **Instructor** in a School of Nursing in a one hundred and twenty-five bed Hospital in the Maritimes. Fifty students are in training. Applications, containing full details, should be addressed in care of:

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Box 12, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

Applications are invited for the following positions in a 225-bed general hospital in Ontario:

Supervisor for Surgical Department

Supervisor of Obstetrical Ward of 26 beds

Full particulars concerning age, nationality, religion, educational qualifications, and professional experience should be given in the applicant's first letter. Please enclose references, and state salary expected. Applications should be addressed in care of:

Box 5, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

An Impressive Ceremony

On the first Sunday in June an impressive yet simple Florence Nightingale Memorial Service was held in the Convocation Hall of the University of Alberta in Edmonton. The ceremony was held under the auspices of Edmonton District No. 7 of the Alberta Association of Registered Nurses. Some four hundred nurses, wearing the uniform of their respective training schools, participated as did the Overseas Nurses also in uniform. In addition to the four Edmonton training schools, the following schools were represented: Vegreville, Lamont, Ponoka.

After the processional hymn, the Invocation was given by Dr. William A. R. Kerr, president of the University of Alberta, followed by a Scripture reading by the Hon. J. C. Bowen, L.L.D., Lieutenant Governor of Alberta. The Rt. Rev. W. F. Barfoot, Bishop of Edmonton, gave a most inspiring address referring to Florence Nightingale as a most outstanding woman who by relieving human suffering carried through a great public duty which has been an influence on the lives of many. She was essentially an optimist, a teacher of hope, and an inspirer of life.

Victorian Order of Nurses

The following are the staff appointments to and resignations from the Victorian Order of Nurses for Canada:

Miss Donalda Heacock, a graduate of the University Hospital, Edmonton, and of the public health nursing course at the University of Alberta has been appointed to the staff of the Woodstock Branch in Ontario.

Miss Helen Anderson, a graduate of the Nicholls Hospital, Peterborough, and formerly employed by the Peterborough Health Association, has joined the staff of the Peterborough Branch.

Miss Agnes O'Driscoll, a graduate of St. Paul's Hospital, Vancouver, and of the public health nursing course at the University of British Columbia, has been appointed to the staff of the Vancouver Branch.

Mrs. Rod Grant (Maude Carter) has been appointed temporarily as nurse-in-charge of the Kentville Branch.

Miss Margaret Morris, a graduate of the Royal Victoria Hospital, Montreal, and of the Institute of Public Health, University of Western Ontario, has been appointed to the staff of the London Branch.

Miss Dorothy Graham, a graduate of the University Hospital, Edmonton, and of the public health nursing course at the University of Alberta, has been appointed to the staff of the Saskatoon Branch.

Miss Ruth Henderson, a graduate of St. Joseph's Hospital, Peterborough, and of the School of Nursing of the Universiy of Toronto, has been appointed to the staff of the York Township Branch.

Miss Catharine Murray, a graduate of St. Joseph's Hospital, London, and of the Institute of Public Health, University of Western Ontario, has been appointed to the staff of the East York Branch.

Miss Gertrude McGaw, a graduate of the Victoria Hospital, London, and of the Institute of Public Health, University of Western Ontario, has been appointed to the staff of the Border Cities Branch.

Miss Margaret Anderson has resigned from the staff of the Woodstock Ontario Branch to take up other work.

Miss Isabel Finnegan has resigned from the staff of the Border Cities Branch to

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take a position with the Department of Health, London, Ontario.

Miss Eva LeBlanc, who was temporarily employed on the staff of the Lachine Branch, has resigned to take an industrial nursing position.

Miss Elizabeth McLean has resigned as nurse-in-charge of the Kentville Branch to be married.

Miss Mona Bounds has resigned from the staff of the Saskatoon Branch to be married.

Miss Ruth Cameron has resigned from the staff of the York Township Branch to be married.

Miss Mary C. Younge has resigned from the staff of the London Branch to be married.

Miss Helen McMorran has resigned from the staff of the York Township Branch to be married.

Miss Janet Burnett has resigned from the staff of the Kitchener Branch to join the Nursing Service of the Royal Canadian Army Medical Corps.

Miss A. Liles has resigned from the staff of the Ottawa Branch to take a position with the Ottawa City Health Department.

Miss Presentine Perrin has resigned from the staff of the Ottawa Branch to take a position with the Ottawa City Health Department.

Miss Nora Cotton has resigned from the staff of the Toronto Branch to take up nursing work in Barbados, B.W.I.

Miss Harriet Broad has resigned from the York Township Branch to take a position with the Trans-Canada Air Lines.

Miss Eleanor Johnson, Miss Louise Sharpe, and Miss Jean Chisholm have resigned from the Montreal Branch to join the Nursing Service of the Royal Canadian Army Medical Corps.

NEWS NOTES

ALBERTA

Medicine Hat:

A meeting of the Medicine Hat District No. 4 of the Alberta Association of Registered Nurses held on May 12, Hospital Day, took the form of a banquet. The members with their guests, and the members of the Medicine Hat Graduate Nurses Association, enjoyed a delicious dinner, with Miss Rowles, chairman of the district, presiding. The business meeting opened with a welcome for the guests and remarks on the significance of Hospital Day by the chairman. Miss Mary Huchcroft, delegate to the annual meeting of the A.A.R.N., held recently in Lethbridge, gave an interesting resumé of the proceedings. The guest speaker, Miss Ethel Cobb, B.A., of the staff of the Alexandra High School, was introduced by Miss M. Hagerman, vice-chairman of the district. Miss Cobb chose as her subject "Present Day Personalities", and gave us all much pleasure with her apt descriptions of men who are now appearing in the headlines. The speaker was generously applauded, and a vote of thanks was tendered by Miss Lilias Greene.

Later, the guests adjourned to the Victoria Nurses Home of the Medicine Hat General Hospital where moving pictures were shown by Dr. Moore, depicting the life of a student nurse in the school of nursing. This film has been made by Dr. Moore, and consists of such typical scenes as graduation exercises, dance in the residence, capping ceremony, classroom scene, and bathing babies in the Lady Aberdeen Maternity Hospital. Tea was served by the student nurses who had attended the showing of the picture.

Red Deer:

The members of Red Deer District, No. 6, A.A.R.N., recently met at Miss Frances Payne's cottage at Sylvan Lake for their monthly meeting. Sixteen members were present. Miss H. K. Hermanson of Rocky Mountain House gave an interesting address on her nursing experiences in Formosa where she was a member of the staff of the Presbyterian Mission Hospital from 1932 to 1940. Miss Martha Smith was elected president to succeed Mrs. H. E. Duggan who resigned. Miss Frances Payne was appointed representative to *The Canadian Nurse* succeeding Miss M. Smith. Miss Marion Foukes, of Rocky Mountain House, was a guest at the meeting.

Married: Recently, Miss Eunice Harvey (University Hospital, Edmonton) to Rev. Morrise Johnson.

NEW BRUNSWICK

St. Stephen:

The regular meeting of the St. Stephen Chapter, N.B.A.R.N., was held recently with Miss Mabel McMullen presiding. It was decided to buy a $50 Victory Loan Bond, $10 was voted to the Queen's Fund, and $10 to the British Nurses Relief Fund. Plans were made to send a bundle for Britain, and the report of the knitting done by the members for the Red Cross was satisfactory. Miss Margaret McFarlane was appointed delegate to the N.B.A.R.N. annual meeting to be held in Newcastle in September. The annual picnic has been planned for August. A successful dance was held recently by the local chapter, and a satisfactory sum was raised for war work.

NOVA SCOTIA

Kentville:

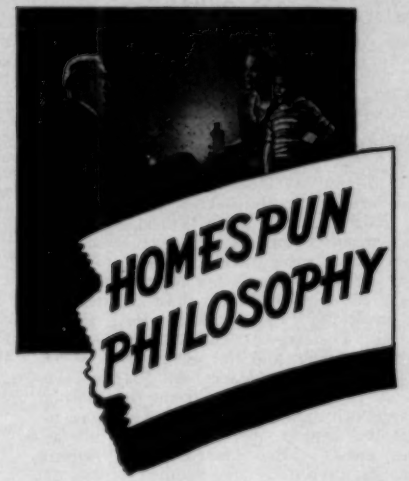
The Valley Branch, R.N.A.N.S. recently held its regular meeting at the Blanchard-Fraser Memorial Hospital. An interesting report on the annual meeting of the R.N.A.N.S., held at Halifax, was given by the delegate, Miss Richardson. Items of interest from the 1940 issues of *The Canadian Nurse* were read by several members of the branch. The nomination of officers for the ensuing year took place.

New Glasgow:

Aberdeen Hospital:

Eleven nurses received their diplomas and pins at the graduation exercises of the Aberdeen Training School which were held recently. Miss Jean Stewart won the Sinclair medal for the highest aggregate, and Miss Jean MacDonald won the prize donated by the Alumnae Association for second highest aggregate. Miss Jean Johnson won the prize given by the medical staff for surgical nursing, and the prize for general proficiency, donated by the hospital board of trustees, was awarded to Miss Frances Saunders. The valedictory was given by Miss Jean MacDonald, and the class prophecy by Miss Ruth E. Lumsden.

The Alumnae Association recently held a card party in aid of the British Nurses Relief Fund.



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ONTARIO

District 1

London:

A meeting of District 1, R.N.A.O., was held recently at Hotel Dieu Hospital with the chairman, Miss Jessie Wilson, presiding. The executive met in Grace Hospital and after the meeting were guests of Major Barr at a luncheon. The opening prayer was given by Rev. Father John White, and the invocation was given by Rev. Harry Nobles. The reports of committees were very gratifying, and the secretary-treasurer reported a bank balance of $242.16. An invitation was received from the Sarnia General Hospital Alumnae Association to hold the district meeting in the fall as their guests. Miss Margaret McPhedran gave an interesting and detailed report of the R.N.A.O. annual meeting. Dr. John Howie, medical officer of health for Windsor, spoke on civilian defenses. He showed a map of Windsor, and how it was being prepared for any emergency measures. Following the afternoon session the visiting nurses were entertained at tea by the staff of the Metropolitan Hospital.

Windsor:

Miss Mary May, president of the Essex County Registered Nurses Association, recently called a business meeting of the Association followed by a mass meeting of all graduate nurses of the county which, at the invitation of Rev. Mother Marie, was held at the Hotel-Dieu of St. Joseph. It was publicly made known that as from July 1, private duty nurses will go on duty from 8 a.m. to 4 p.m.; 4 p.m. to 12 p.m., and 12 p.m. to 8 a.m. The rates are to remain as they are at present and the patient is to pay for one meal a day for each nurse. Letters to this effect will be forwarded to the Medical Association and to the hospital superintendents of this county.

A fund of $200, being the sum not used during the past two years for educational purposes, has been used to purchase a Victory Loan Bond.

Hotel-Dieu:

At the recent graduation exercises of the Hotel-Dieu of St. Joseph School of Nursing twenty-five nurses received their diplomas which were presented by the Rt. Rev. F. X. Laurendeau, D.P., Dean of Essex. Dr. C. S. Sanborn acted as chairman, and spoke of the high standards of the training and experience received by nurses. Dr. John Howie also gave a short address. The valedictory address was given by Miss Grace Marsland. Miss Mary Schroeder won the scholarship awarded by the University of Western Ontario. The second, third, and fourth prizes were awarded to Miss Mary McKinley, Miss Estelle Laliberte, and Miss Ruth Sauve, respectively. The Alumnae Association recently entertained the graduating class at a dinner.

Districts 2 and 3

Woodstock:

The public health section of Districts 2 and 3, R.N.A.O., recently met at the Ontario Hospital, and were escorted through the tuberculosis section and epileptic cottage. The electro-encephalograph was shown and explained. This aid in diagnosing the more obscure, uncertain types of epilepsy is a great help and works on much the same principle as the electro-cardiograph, recording currents passing from one point in the brain to another. We found the resultant chart an interesting study. After supper Dr. Lynch, of the Ontario Hospital staff, gave a clear picture of the various mental diseases, stressing points for the public health nurses to observe in the work of prevention, and pointing out that all young children who have convulsive seizures, suggestive of epilepsy, should be brought for a test on the electro-encephalograph to obtain better results in early life. There were 30 nurses and 2 guests present, the latter being Miss Hunt, lady superintendent of the hospital, and Dr. Lynch. It was decided to hold the September meeting in Brantford and visit the School for the Blind.

Brantford:

Brantford General Hospital:

Seventeen nurses received diplomas recently at the fifty-fourth annual graduation exercises of the Brantford General Hospital School for Nurses. Mr. Graham K. Stratford, president of the board of governors, acted as chairman. Mr. John T. Symes, Lockport, N. Y., past governor of Rotary International, delivered the address to the graduates. Miss E. M. McKee, administrator of the Brantford General Hospital,

led the graduates in the Nightingale pledge. Judge D. J. Cowan presented the diplomas, and awards were made to the outstanding students. Miss D. H. Arnold, director of the school for nurses, presented a comprehensive report on the year's activities. A garden party was held on graduation day at the Brantford General Hospital. The Alumnae Association recently entertained the class of 1941 at a dinner and dance.

At the annual meeting of the Alumnae Association of the Brantford General Hospital School for Nurses, a welcome was extended to members of the graduating class. One hundred dollars was voted for the purchase of a Victory Bond. The report of work turned in to the Red Cross by the Alumnae Association showed that the members had contributed many articles.

The following officers were elected to serve during the coming year: Honourary president, Miss E. McKee; president, Mrs. S. Barber; vice-president, Mrs. A. Grierson; secretary, Miss I. Feely; treasurer, Miss J. Rousell; committee conveners: social, Mrs. G. Thompson, Miss M. Robertson; gift, Miss K. Charnley, Miss H. Muir; flower, Miss N. Yardley, Miss R. Moffat; representative to *The Canadian Nurse* and press, Miss M. Copeland; Local Council of Women, Mrs. W. Riddolls, Mrs. A. Mizon, Mrs. R. Smith; Red Cross Society, Miss E. Lewis; private duty section, Miss E. Scott.

Married: Recently, Miss E. Whitney (B.G.H., 1940) to Mr. Roy Parks.

Married: Recently, Miss M. Hardie (B.G.H., 1939) to Mr. George Mills.

Married: Recently, Miss D. Mann (B.G.H., 1940) to Mr. R. Hall.

Married: Recently, Miss O. Pickell (B.G.H., 1931) to Mr. Ralph Smith.

Married: Recently, Miss J. Earl (B.G.H., 1938) to Mr. M. Wilson.

Married: Recently, Miss M. Griswold (B.G.H., 1938) to Mr. R. Davis.

Married: Recently, Miss P. Avery (B.G.H., 1936) to Mr. Lorne Cornfoot.

Married: Recently, Miss M. Knisley (B.G.H., 1937) to Mr. Brock Payne.

District 4

Fonthill:

The Niagara District Group, Public Health Section, District 4, R.N.A.O., enjoyed a well-attended dinner meeting held recently at Foxlow, Fonthill. Dr. Stella Abidh, of Trinidad, who has been studying for her public health nursing degree at the School of Nursing, University of Toronto, was a welcome guest, and gave a talk on her country, and its health problems. Miss

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Isabel Price and Miss Betty Rogers, who had just attended the refresher course on mental hygiene at the School of Nursing, University of Toronto, gave a report on the course.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

The graduation exercises of the Toronto Western Hospital School of Nursing took place recently when diplomas, pins, and scholarships were presented to 39 new members of the nursing profession. Following the presentation of the diplomas, the graduating class, followed by the graduate and undergraduate nursing staff marched across the campus to Hart House where Mrs. Cody, Mrs. Swanson, Miss Rowan, and Miss Ellis received the nurses and their guests.

The Toronto Western Hospital Alumnae Association Red Cross Auxiliary recently held a successful afternoon tea and bake sale at the home of Mrs. James Miller. There was a splendid attendance and the committee appreciates the kind co-operation of Mrs. Miller in opening her home for this occasion.

NEW TORONTO:

Ontario Hospital:

The Alumnae Association of the Ontario Hospital recently held an afternoon tea on the beautiful hospital grounds. Many former graduates attended, and among the visitors were Miss A. M. Munn, Miss Hilda Bennett, and Miss Uma Chatterji, Calcutta, India. Receiving the guests were the superintendent of nurses, Miss E. Rothery, and Miss Edna Moriarty, the president of the Alumnae Association. Presiding over the tea tables were Miss Given, Miss Reid, Miss Pearl Graham, Miss Adeline Burd, and Mrs. Al. Smith. The committee in charge of tea included Miss F. MacLelland, Miss L. Sinclair, Miss A. McArthur, Miss L. Chartrand, Miss M. Wright, and Miss M. Jardine. Miss Eileen Cood won the lucky draw for a ladies' wrist watch. The proceeds were in aid of the Alumnae Association.

DISTRICT 7

KINGSTON:

Kingston General Hospital:

The graduation exercises of the Kingston General Hospital School of Nursing were held recently. Dr. F. Etherington,

Dean of the Medical Faculty of Queen's University, introduced Miss Charlotte Whitton who gave a most inspiring address to the graduates. Miss Annie Smith of Elgin, Ont., won the gold medal and the silver medal went to Miss Jean Oddie, of Campbellford. After the ceremony a reception was held, when visitors were received by the hospital superintendent and members of the board of management. The following evening, an informal dance was given in honour of the graduating class.

Miss Gertrude McCulloch, recently at St. Stephen, N.B., has accepted a position on the staff of the Kingston General Hospital as department supervisor.

Married: Recently, Miss Margaret Arthur (K.G.H., 1937) to Mr. Percy Couch.

District 8

CORNWALL:

Cornwall General Hospital:

The Alumnae Association has had an active year in which the membership has been increased by 8 active members and 4 life members. Bridge parties were arranged, and each member entertained at her home. The proceeds from the charge of 25 cents per person at each bridge have been divided equally between the Red Cross and the sick benefit fund. A $100 Victory Loan Bond was bought from the general fund. The Alumnae Association has donated a silver service to the nurses residence which may be used by the nurses and the Alumnae Association.

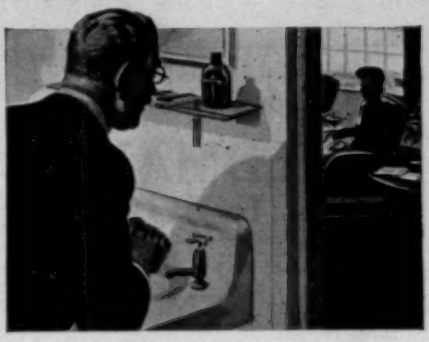
The following officers have been elected to serve during the coming months: Honourary member, Mrs. Boldick; honourary president, Miss H. C. Wilson; president, Miss E. Allen; first vice-president, Mrs. M. Quail; second vice-president, Mrs. F. Magwood; secretary-treasurer, Miss G. Meyer; program committee, Miss M. Summers; social finance, Miss M. Franklin; flower committee, Miss E. Rustin, Miss G. Meyer; representative to *The Canadian Nurse*, Miss B. Kinkaid; sick committee: Mrs. Wagoner, Mrs. Frayne; membership committee, Miss G. Rowe; auditors: Miss V. Meldrum, Miss G. Rowe.

QUEBEC

MONTREAL:

Montreal General Hospital:

The graduation exercises of the class of 1941 of the School of Nursing of the Montreal General Hospital were held recently,



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when 54 nurses received their diplomas. The address to the graduates by Madame Pierre Casgrain was greatly enjoyed.

The annual dinner given by the Alumnae Association to the graduating class was held recently with nearly 300 guests attending. Dr. A. H. Gordon was the guest speaker, and his talk on "Family Portraits" dealt with the men and women who had built up the M.G.H. from its founding. Special tribute was paid to Miss Flora E. Strumm who has been connected with the Hospital for over thirty years as first assistant superintendent of nurses, and who has now retired. To express the love and appreciation of the graduate nurses, a cheque for $900 was presented to Miss Strumm. A reception was recently held in honour of Miss Strumm when a presentation was made by Dr. Guy Johnston on behalf of the attending staff.

The group of Montreal General Hospital graduates who have been raising money towards the purchase of a Spitfire are in receipt of a letter of thanks from Lord Beaverbrook for the sum of £560 which has been forwarded as the first instalment. Since the fund was started in October 1940, $2,906 has been raised.

Word has been received of the safe arrival in England of No. 14 Canadian General Hospital of which Miss Blanche Herman is Matron, and the following are Nursing Sisters: C. G. Angus, B. C. Baird, P. Cox, F. M. Dakin, C. E. Doherty, E. S. Elliott, M. E. Fairweather, A. C. Fletcher, F. H. Hanchett, C. L. Hebb, H. G. Hewton, E. A. Hodgson, K. E. Horsfall, H. G. Irving, D. A. Jamieson, R. S. Falls, C. M. MacDonald, T. MacDonald, M. J. McCann, P. S. Phillips, C. A. Partington, H. K. Shaw, L. M. Shepherd, G. A. Smeaton, E. M. Sykes, A. I. Tennant, G. M. Vass, D. E. Wilson, J. M. Savard, M. S. McLean, M. Taylor, L. E. Payn, P. E. Walker, W. Crombie, G. B. Fitzgerald, E. D. Flanagan. Miss G. S. Dickie (Moncton General Hospital), and Miss A. W. Auger, of Bermuda, who have been on the staff of the Western Division, are also serving with the Unit.

Married: Recently, Miss Lenora Titcomb (M.G.H., 1933) to Mr. James F. McGill.

Married: Recently, Miss Margaret E. Dixon (M.G.H., 1938) to Dr. M. K. MacGougan.

Married: Recently, Miss Elizabeth Train (M.G.H., 1937) to Dr. Joseph A. Head.

Royal Victoria Hospital:

Miss Fanny Munroe entertained recently at tea in honour of the Royal Victoria Hospital Nursing Sisters of No. 14 General Hospital. Included in this Unit are Rita Ackhurst, Eleanor Ball, Adelyn Bowland,

Lydia Bond, Florence Campbell, Chrissie Campbell, Helen Craig, Elizabeth Depew, Margaret Desborough, Anita Gibson, Kathleen Gibson, Esther Hopper, Eleanor Johnson, Elizabeth March, Margaret Mowat, Marguerite McDougall, Aenid Jones, Katharine Gill, Ethel Rowell, Jessie Stewart, Frances Skead, Kathleen Scott, Margaret Briggs, Constance Carr, Louise Sharpe, Ailsa Turnbull. Nursing Sisters Evelyn Scott, Evelyn Grimes, and Helen Shanks have returned to Canada after a year's service in England with No. 1 Neurological Hospital. Nursing Sister Helen Shanks had the honour of being presented to Her Majesty, Queen Elizabeth, at the opening of the King George and Queen Elizabeth Club in London.

Miss Katharine MacLennan has been elected president of the Registered Nurses Association of Prince Edward Island. Miss Elizabeth Gordon is now in charge of the Alumnae Canteen. Miss Edith C. Pratt has returned to the R. V. H. after two weeks observation in the nurseries of the Michael Reese Hospital, Chicago. Miss Ann Slattery is relieving in the surgical wards during the summer months.

Married: Recently, Miss Roberta Elida Heatlie (R.V.H., 1936) to Mr. Gerald E. Phelps.

Married: Recently, Miss Cora Mary MacLeod (R.V.H., 1934) to Dr. Alan Winchester Gray.

Married: Recently, Miss Sheila Dexter Carman (R.V.H., 1940) to Dr. Thos. Evans Currier.

School for Graduate Nurses, McGill University:

The following graduates of the School for Graduate Nurses, McGill University are now on active service: Miss Margaret Briggs (P.H., 1938); Miss Chrissie Campbell (P.H., 1936); Miss Jean Chisholm (P.H., 1937); Miss Frances Copeman (T. & S., 1938); Miss Winnifred Crombie (P.H., 1940); Miss Margaret Dakin (T. & S., 1941); Miss Katherine Gibson (T. & S., 1940); Miss Muriel Graham (Supervision, 1933); Matron Blanche Herman (Administration, 1930); Miss Helen Hewton (P.H., 1926); Miss Marian Inches (Supervision, 1931); Miss Eleanor Johnston (P.H., 1939); Miss Dorothy King (T. & S., 1938); Miss Betty March (T. & S., 1940); Mrs. Jessie Porteous (Administration, 1940), R.C.A.F. Nursing Service; Miss Ethel Weston (P.H., 1939), R.C.A.F. Nursing Service; Miss Elsie Riach (Administration, 1930); Miss Dorothy Riches (T. & S., 1938); Matron Gladys Sharpe (Teaching, 1928); Miss Louise Sharpe (P.H., 1939); Miss Mary Squibb (P.H., 1940); Miss Madeline Taylor (P.H., 1929); Miss Agnes Tennant (T. & S., 1938); Miss Doris Wilson (P.H., 1941).

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WILL NOT RUB OFF

Children's Memorial Hospital:

The following graduates of the School of Nursing of the Children's Memorial Hospital are now serving with No. 14 Canadian General Hospital, R.C.A.M.C.: Miss Jean Chisholm (1925), Miss Ruth Osborne (1927), and Miss Barbara Clark (1931). Miss Ethel Wilsey (C.M.H., 1932), formerly Infant Ward head nurse, has been transferred to the Montreal Children's Hospital, where she will serve as supervisor.

Homoeopathic Hospital:

Four members of the Alumnae Association of the Homoeopathic Hospital attended the School for Graduate Nurses, McGill University, during the past season. Miss Lillian Athelstan (Teaching and Supervision) is to take a post-graduate course at the Chicago Lying-In Hospital, and will then return to the staff of the Homoeopathic Hospital, where she is to be in charge of the obstetrical ward. Miss N. Gage (Teaching and Supervision) has been appointed as supervisor of Ward II, at the Homoeopathic Hospital. Miss P. M. Bridgette (Public Health) has accepted a position with the Child Welfare Association, and Miss Jessie Morris has accepted a position with the V.O.N.

Married: Recently, Miss Ethel Hislop to Mr. Gordon Marcou.

SASKATCHEWAN

REGINA:

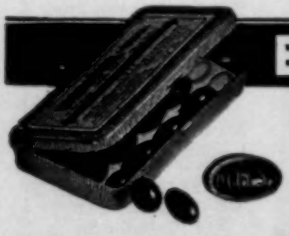
The Regina Registered Nurses Association recently held a tea, the proceeds of which were donated to the Civilian Nurses Air Raid Victims Fund and the registry fund. Mrs. N. M. Storey and Mrs. J. D. Paterson were conveners, and assisting were Miss M. Sissons, Miss R. Wozny, and Mrs. P. Wilson. Receiving were Miss Annie F. Lawrie, superintendent of nurses of the General Hospital, Miss K. Morton, president of the Regina Registered Nurses Association, and the past president Miss M. Diederichs. Ushering to the tea room were Mrs. H. J. Kennedy, Nursing Sister D. King, Miss M. Ruggles, B.Q.M.S. of S.A.T.S. Entertainment was supplied by Mrs. S. Champ, Miss M. MacRae, and Miss M. Griffin. Mrs. A. C. MacMillan, Mrs. M. A. Currie, Mrs. J. A. Brown, Mrs. D. C. Fyfe, Mrs. G. Speers, and Mrs. W. M. Van Valkenburg poured tea.

A petit point picture, donated by Miss Helen Jolly, was raffled and the proceeds donated to the Civilian Nurses Air Raid Victims Fund.

NEWFOUNDLAND

ST. JOHN'S:

The Newfoundland Graduate Nurses Association recently held its last meeting of the season. The guest speaker was Miss Dorothy Geen, S.R.N., S.C.M., graduate of St. Thomas's Hospital, London. Miss Geen has just returned from London, having done service since the outbreak of the war at St. Thomas's Hospital. The newly-appointed president, Miss Rose Berrigan, introduced the speaker. Miss Geen vividly portrayed life in a London Hospital since war began. She told of the difficulties a hospital faces when its routine is interrupted by severe bombings, and how it must be ready to face all emergencies. Miss Geen fittingly closed her lecture with a tribute to British morale. A vote of thanks was extended by Miss Garland, seconded by Mrs. Pope.



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Honourary Treasurer .....Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

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Numerals indicate office held: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Hospital and School of Nursing Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, General Nursing Section.***

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University of Alberta Hospital, Edmonton; (3) Miss Audrey Dick, York Hotel, Calgary; (4) Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton.

British Columbia: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver.

Manitoba: (1) **Miss A. McKee, V.O.N.,** Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

New Brunswick: (1) **Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers,** Saint John General Hospital; (3) **Miss A. A.** Burns, Health Centre, Saint John; (4) **Miss** Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss L. D. Acton, General Hospital, Kingston; (3) Miss G. Ross, 15 Queen's Park Crescent, Toronto; (4) Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2)Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

Saskatchewan: (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Public Health Section

CHAIRMAN: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 2570 Spruce St., Vancouver, B.C.

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Alberta Association of Registered Nurses

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Prince Edward Island Registered Nurses Association

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

President, Miss M. Diederichs, Regina Grey Nuns Hospital; First Vice-President, Miss M. Ingham, Moose Jaw General Hospital; Second Vice-President, Miss E. Pearston, Melfort; *Councillors*: Rev. Sister Herman, St. Paul's Hospital, Saskatoon; Miss M. Pierce, Wolseley; *Chairmen of Sections*: *General Nursing*, Miss R. Wozny, 2216 Smith St., Regina; *Hospital & School of Nursing*, Miss A. F. Lawrie, Regina General Hospital; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. Lawrie; Pres., Miss K. Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*, Miss R. Wozny; *Public Health*, Miss F. Dean; *Hospital & School of Nursing*, Miss M. Zens.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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ONTARIO

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A.A., School of Nursing, University of Toronto, Toronto

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